

2011 KEYSTONE INTERNATIONAL LIVESTOCK EXPO

PENNSYLVANIA FARM SHOW COMPLEX & EXPO CENTER, 2300 N. CAMERON STREET, HARRISBURG, PA 17110-9443
 www.keystoneinternational.state.pa.us ~ email: keystoneinternational@state.pa.us ~ (717) 787-2905

~ PASO FINO ENTRIES MUST BE POSTMARKED BY SEPTEMBER 9 FOR EARLY DEADLINE ~

***** ONLY ONE HORSE PER FORM *****

REQUIRED: INCLUDE A COPY OF THE "ELISA" OR "AGID" (COGGINS) TEST REPORT

HORSE(S) COMPLETE REGISTERED NAME: _____
 PFHA REGISTRATION #: _____ USEF REG #: _____ (IF APPLICABLE)
 HORSE SEX: _____ DATE OF FOALING: _____ HORSE COLOR: _____

<u>Rider One Information</u>	RIDER ONE CLASSES
Name: _____ JR DOB: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Cell Phone: () _____ PFHA# _____ Exp Date: _____ USEF#: _____	
Email: _____ Owner is Amateur Riders?: _____ (relationship)	
<u>Rider Two Information</u>	RIDER TWO CLASSES
Name: _____ JR DOB: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Cell Phone: () _____ PFHA# _____ Exp Date: _____ USEF#: _____	
Email: _____ Owner is Amateur Riders?: _____ (relationship)	

***** Mail completed entry form(s) to the
 Keystone International Livestock Expo (see address above)**

BILL TO: _____
 OWNER: _____
 Must be same name as on registration papers.
 ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____
 PHONE: () _____ EMAIL: _____
 PFHA MEM #: _____ USA E MEM#: _____
 SOCIAL SECURITY or FID #: _____

CLASS ENTRY FEES PER CLASS		
PASO FINO	BY 9/9	AFTER 9/9
Halter	\$20.00	\$40.00
Performance	\$20.00	\$40.00

****Halter & Performance fees include PFHA fees****

Total Class Fee: Halter = \$ _____
 Performance = \$ _____

Office Fee @ \$5 per horse = \$ _____

Box/Tack Stall @ \$40 per stall = \$ _____

Ground Fee (show from trailer) \$20 per horse \$ _____

GRAND TOTAL FEES = \$\$ _____

<u>STALL REQUEST INFORMATION:</u>	
Special Requests: _____	
_____ Total Stalls _____	
<u>List by Owner, not by Horse</u>	<u># Stalls</u>
Owner: _____	_____
Owner: _____	_____
Owner: _____	_____
Owner: _____	_____
Owner: _____	_____
Hotel During Show: _____	CELL () _____ Phone: _____

CHECKS PAYABLE TO: KILE

CASH AMOUNT \$ _____

CHECK CHECK # _____

VISA MASTERCARD DISCOVER

CREDIT CARD #: _____ / _____ / _____ / _____

CARD HOLDER NAME: _____

CV2 # (on back): _____ Exp Date: _____

ZIP CODE: _____ PHONE: () _____

REQUIRED SIGNATURES ARE ON THE NEXT PAGE

ALL SHOWS

By signing my name below, I hereby acknowledge my understanding that by participating in the horse show I am agreeing to assume all risks of personal bodily injury or injury to horses or damage to property involved in the horse show. By signing my name I further acknowledge and agree that I will not sue or otherwise make a claim for damages against any party involved in the operation of the horse show, including The Pennsylvania Farm Show Commission, the Pennsylvania Livestock Association, the Keystone International Livestock Exposition, the Pennsylvania Department of Agriculture, the Commonwealth of Pennsylvania and all Commonwealth Agencies and instrumentalities, the American Horse Show Association, or any other entities or persons with responsibilities at the Show, or their employees, agents or volunteers. I also understand and agree that by signing my name below I am waiving all rights to sue or make a claim against the above parties as a result of my participation in the horse show EVEN IF I FEEL I AM INJURED OR DAMAGED AS A RESULT OF THEIR NEGLIGENCE OR GROSS NEGLIGENCE.

I understand that in the event I violate or breach my agreement not to sue or make a claim as agreed above, I agree to indemnify all such parties as a result of my instituting suit or making claim, that is, I agree to fully pay such parties or persons for any monetary or other damages that they suffer as a result of my bringing suit or making claim against them, including but not limited to the payment of all their expenses, attorney fees, court judgment or other money damages arising from such suit or claim.

Finally, I agree to have all persons, including all owners, lessees, trainers, managers, agents, employees, coaches, drivers, riders, or other persons having anything to do with any horse(s) that I have entered in this show, sign this application below so as to acknowledge their agreement to waive their right to sue or make claims against the parties listed above. By signing my signature below I also understand and agree that if I fail to have any person who participates in any way with any of the horses I have entered in the horse show, I will indemnify any entity of person sued by such person for all expenses, attorney's fees, court judgment, or other damages that they suffer as a result of any suit or claim made by any such person who I failed to have sign this form.

BY ENTRY INTO THE EXPOSITION YOU ARE CONFIRMING THAT YOU HAVE ESTABLISHED A VETERINARIAN-CLIENT-PATIENT-RELATIONSHIP FOR THE ANIMAL(S) YOU ARE ENTERING AND/OR EXHIBITING.

I AGREE AND INTEND TO BE LEGALLY BOUND BY THE ABOVE LANGUAGE BY SIGNING MY NAME BELOW AND BY PARTICIPATING IN THIS HORSE SHOW.

ADDITIONAL FOR PASO FINO SHOW

AGREEMENT AND HOLD HARMLESS: I ACKNOWLEDGE that the rules applicable to the PFHA Competition specified elsewhere on this Competition Entry Form have been made available to me and, if applicable, to my child, and that I am (we are) familiar with them. I (we) agree that the organization housing this Competition has the right to refuse this entry for cause which the organization shall deem to be sufficient. IN CONSIDERATION of the acceptance of this entry and of the holding of the Competition and of the opportunity for me (my child) to win prize money, ribbons or trophies, I agree to defend and to hold this organization, The American Horse Shows Association, Inc., Paso Fino Horse Association, their directors, officers, members and agents, the owners, directors, officers, and agents of the competition grounds on which the Competition is to be conducted, and any employees of the aforementioned parties, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my (my child's) horse while in or upon the competition premises or grounds or near any entrance thereto, and personally assume all responsibility and liability for any such claim: and I further agree to hold the aforementioned parties harmless from any claim for loss or my (my child's) horse by disappearance, theft, death or otherwise, and from any claim for damage or injury to the said horse, whether said loss, disappearance, theft, damage, or injury be caused or is alleged to be caused by the negligence of the competition organization or any of the other parties aforementioned, or by negligence of any other person, or any other causes. I HEREBY ASSUME the sole responsibility for and agree to defend, indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting there from, sustained by any person or persons, including myself (my child), or on account of damage to property, arising out of or in consequence of my (my child's) participation in this Competition, howsoever such injuries, death or damage to property may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any other persons.

ALL SHOWS:

X _____
Owner's Signature (Required)

Print Name

X _____
Agent's Signature, (if applicable)

Print Name

ALL SHOWS:

X _____
Rider, Driver or Handler Signature Required
If under 18, parent/guardian/trainer must sign

X _____
Print Name

Street

City

State/Zip

ALL SHOWS:

X _____
Rider, Driver or Handler Signature Required
If under 18, parent/guardian/trainer must sign.

X _____
Print Name

Street

City

State/Zip

TRAINER PASO FINO:

X _____
Trainer's Signature Required

X _____
Print Name

Trainer's Membership #

X _____
Amateur's Signature

X _____
Print Name

Relationship to owner