TSMHC FUN SHOW ENTRY BLANK AND CONSENT FORM

Sunday, June 9, 2019

Start time 9:00 a.m.

PRE-ENTRY FEES \$5.00
POST ENTRY FEES \$6.00

NAME_

Postmarked June 2, 2019
Checks payable to TSMHC

Mail to: Linda Wise 1118 Industry Rd Atwater. OH 44201

				Atwater, Off 44201	
Name of f	arm/owner		email		
Address			Phone		
City/State	e/Zip				
Bk#	NAME OF MINI	S/M/G (circle)	HORSE	
			EXHIBITOR	DOB	FEES
CLACCEC					T
CLASSES					
CLASSES					
CLASSES					
Bk#	NAME OF MINI	I S/M/G (circle) EXHIBITOR		HORSE	
				DOB	FEES
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		-41- ()		HORSE	
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			EXHIBITOR	DOB	FEES
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		clasic i-i-	da\	HORSE	
Bk#	NAME OF MINI	S/M/G (circ	•	DOB	FEES
			EXHIBITOR		1.225
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CDASSES		CASH	CHECK#	TOTAL	
		CA-51	, GILGIII		
				CONTRACTION THAT CAID DEDCOMICS IS	THE
		THIS TSMHC SHOW SHALL CONS	IIIUTE AN AGREEMENT AND A	FFIRMATION THAT SAID PERSON(S) IS	INC
	IT OF THE HORSE.	ES OF THE TRI-STATE MINIATURE	HORSE CLUB.		
2. THAT EVERY HORSE, HANDLER AND/OR DRIVER IS ELIGIBLE TO ENTER.					
3. THAT THE OWNER AND ANY OF HIS OR HER REPRESENTATIVES ARE BOUND BY THE RULES OF THE TSMHC AND PORTAGE COUNTY RANDOLPH					
FAIRGROUNDS, THEIR OFFICIALS, DIRECTORS AND EMPLOYEES ARE HELD HARMLESS FOR ANY ACTION TAKEN.					
4. TH/					
DA	DANGEROUS RISK AND BY PARTICIPATING THEY ASSUME ANY AND ALL OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FOR ANY INJU- OR LOSS FROM NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OF THE TSMHC OR PORTAGE COUNTY				
	LOSS FROM NEGLIGENT AC NDOLPH FAIRGROUNDS.	, i 3 ON ORNISSIONS OF SAID OFFIC	one of the state o		
	ORS MUST SIGN				
l agree	that I have read the fore	going representations and st	atements.		
Signatures of Exhibitor Date					
Permission f	or Minor(s) to show und	ler 18 years of age			
I HEREBY CO	NSENT TO THE ENTRY O	F MY CHILD/CHILDREN IN TH	IS HORSE SHOW AND CERTI	FY THAT I HAVE READ THE ABOV	E AND ACCEPT
		TION OF SAID MINOR(S).		2022	
NAME			DOB	DATE	

DOB_

DATE