Entry Blank Oklahoma Starter Series West

Date (circle one) April 10 May 22 June 20

	July 17	August 14	Sept 18	October 9	
	Rider Division (circle	e one): You	th	Adult (over 18)	
Horse Name:			Rider Name: _		_
Rider Phone:			Rider Email:		
Owner Name:			Owner Email:		
Emergency Conta	act Information:		Trainer/Gro	oup (if applicable):	
Classes Entered	(See previous page for	class informati	ion and fees)		
Class Number: _	Class Descrip	otion:		Fee:	
Class Number: _	Class Descrip	ption:		Fee:	
Class Number: _	Class Descrip	otion:		Fee:	
Class Number: _	Class Descrip	otion:		Fee:	
Class Number: _	Class Descrip	ption:		Fee:	
Class Number: _	Class Descrip	ption:		Fee:	
Optional Stalling Fee (\$30) Office Fee (\$20) Total Enclosed Hold Harmless Agreement: I agree in consideration for my participation in this competition to the following: that the owner and any of his/her representatives will agree to the final decisions made by the management and hold the competition "Oklahoma Starter Series", the show location, show organizers (Total Equine Services and Horse Show Consulting, IIc) their officials, the management, employees, and the agents harmless for any injury or loss suffered during or in conjunction with the competition, whether or not such injury or loss resulted directly or indirectly from the negligent acts of said officials, employees, agents, the management, Oklahoma Show Series, or its show location. As a competitor in this event, I am assuming responsibility for myself and all valuables including vehicle and equine, and will not hold Facility, Oklahoma Show Series officials and management and volunteers, Horse Show Consulting, LLC, or Total Equine Services, Inc. responsible in any manner for damage, loss, theft, injury, accident or death. I am fully aware of the risks involved in this competition and take complete responsibility. It is understood (as acknowledged by signature below) that I agree to hold those identified above harmless for any injury or loss suffered during or in connection with the show whether or not such injury or loss resulted directly or indirectly from negligent acts or omissions of said parties. Further I agree that I represent that I have the requisite training, coaching, and abilities to safely compete in this competition.					
	s Signature (Parent/agen	•		ner's Signature (Parent/agent of under 18)	
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Make Checks payable to: Holly Huffaker