

KCHSA

Entry Request

Exhibitor # _____

Class # _____

Class Name _____

Horse Name _____

Owner Name _____

Address _____

City,State,Zip _____

Exhibitor _____

Address _____

City,State,Zip _____

Rider or Parent/Legal Guardian if Rider is under 18

Signing this Entry Request acknowledges all of the terms and conditions
stated on the reverse side of this form

**Kendall County
Horse Show Association**

Signing and submitting this form acknowledges that the Kendall County Horse Show Association and its individual members are not responsible for any personal or physical loss or injury, to the participants or their animals, that may result from participation in this event and all related activities

WARNING

UNDER THE EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES

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