



International Paso Horse Federation, Inc.

Official Show Entry Form

Only One Horse Per Form

Office Use Only:	Back #:	EB #:
Date Rec'd:		
Method Rec'd: (fax/mail/email)		

Name of Affiliate/Event _____ Location _____ Date of Event _____

Horse's Complete Registered Name _____

Registration # _____ Association _____ MicroChip# (if appl.) _____

Sire _____ Dam _____ Breeder _____

Date of Foaling _____ Sex (M/S/G) _____ Color _____

Owner _____ Phone _____ Email _____ IPHF# _____

Address (Street/City/ State/Zip) _____

Trainer _____ Phone _____ Email _____ IPHF# _____

Address (Street/City/ State/Zip) _____

Contact _____ Phone _____ Email _____

Owner/Trainer (circle) Lodging During Competition _____ Emergency Phone _____

Stall Special Requests/Please Stall With: _____

Class #	Date	Rider	Jr. DOB	IPHF #	Entry Fee

Include the following items with each entry, all entries must be paid in full when made:

- Completed and signed Official Show Entry Form, both pages
- Copies of owner, trainer and rider IPHF membership cards
- Copy of registration papers from accepted Paso Association
- Full payment to IPHF by check or credit card

BRING CURRENT NEGATIVE COGGINS, and health certificate for out of state, TO SHOW OFFICE FOR REVIEW AT CHECK IN. (do not fax)

Visit www.internationalpasohorsefederation.org for show updates, changes, and additional information.

DON'T FORGET REQUIRED SIGNATURES AND PAYMENT INFORMATION ON PAGE 2!

Total Entry Fees	
Stall Fee	
Tack Stall Fee	
Drug Fee	
RV Hookup	
Sponsorships	
Extra Shavings	
Membership Fees	
TOTAL DUE	\$

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Horse Name: _____
Owner Name: _____

Choose Payment Method (check or credit card):

Please make checks payable to International Paso Horse Federation, Inc.
 Please note a \$25 fee will be charged for all checks returned or denied credit cards.

Check # _____ Amt. \$ _____ From _____

Credit Card: VISA MC American Express

I hereby authorize IPHF to charge my credit card \$ _____

Credit Card # _____ Exp. Date _____

3 digits on back _____ amex 4 digits _____

Print Name of Card Holder _____

Address of Card Holder _____

City _____ State _____ Zip _____

X Signature of Card Holder _____

WARNING-RELEASE AND HOLD HARMLESS

I UNDERSTAND AND AGREE THAT AN EQUINE ACTIVITY SPONSOR, OR EQUINE PROFESSIONAL, IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. I AGREE in consideration for my participation in this competition to the following: I choose to participate voluntarily in the competition with my horse as a rider, driver, handler or trainer, or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the competition involve inherently dangerous risks of accident, loss, and serious bodily injury, or death. I AGREE to release the Federation, its officers, members, agents, and employees from all claims for money damages or otherwise for any harm to me or my horse or my other property and for any harm caused by me or my horse to others, even if that harm resulted, directly or indirectly, from the negligence or fault of the Federation. I AGREE to expressly assume all risks of harm to me or harm to my horse, including harm resulting from the negligence of the Federation. I AGREE to indemnify (that is, pay any losses, damages or costs) incurred by the Federation, its officers, members, agents and employees, and to hold them harmless with respect to claims for harm to me or my horse or my property, and for claims made by others for any harm caused by me or my horse at the competition. I AGREE to abide by all rules of the Federation and agree that if I am injured at this competition that the medical personnel treating my injuries may provide information on my injury to the Federation. By signing below, I agree to be bound by all applicable Federation Rules and all terms and provisions of this entry form.

Required Signatures:

Owner Printed Name _____ **X** Signature _____

Trainer Printed Name _____ **X** Signature _____

Rider Printed Name _____ **X** Signature _____

Rider Printed Name _____ **X** Signature _____

Minor Printed Name _____ Parent Printed Name _____ **X** Signature _____