

Heartland Classic Horse Show

May 9th, 10th & 11th - 2025

Champion Center

4122 Laborne Road

Springfield, OH 45505

USE A SEPARATE ENTRY BLANK FOR EACH OWNER

Owner's Name _____

Street _____

City _____ State _____ Zip _____

Cell Phone _____

Visa MasterCard AMEX DISC

Account # _____

CCV# _____ Exp. Date _____

Name on Card _____

Billing Zip Code _____

Signature: _____

LEAVE BLANK	NAME OF HORSE CLASS NUMBER UNDER NAME	TOTAL ENTRY FEES	COLOR	SEX	SIZE	AGE	HORSE BREED REG. NUMBER	RIDER/DRIVER/HANDLER	JR. EX. AGE AS OF 12-1-23

EQUITATION-	NAME OF HORSE CLASS NUMBER UNDER NAME		RIDERS NAME	COMPLETE ADDRESS

Amount	Total Entry Fees	\$
	Box/Tack Stalls @ \$110.00	
	Early Arrival Fee \$35.00 per horse	
	TBA Class Fee \$50.00 plus entry fee	
	Bagged Shavings @ \$9.50 per bag	
	Office Fee @ \$15.00 per horse	
	Sponsorship	
	Camper Fee \$50.00 per night	
	OASPHA Membership	
	TOTAL REMITTANCE	\$

Closing Date: May 2, 2025

Post Entries will be accepted @ \$10 per Horse extra.

Permits required for camper hook-ups

**ALL CREDIT CARD
TRANSACTIONS WILL INCUR A
3% PROCESSING FEE**

**Please make check payable to
OASPHA**

Send Entries to:

**Patti Schooley
6662 Katahdin Drive
Poland, OH 44514**

Entries must be complete with all fees included. Signatures required on back.

SPOOKTACULAR HORSE SHOW

**OHIO AMERICAN SADDLEBRED PLEASURE HORSE ASSOCIATION
("OASPHA")**

**YOUR SIGNATURE BELOW INDICATES YOUR
AGREEMENT WITH THE RELEASE ON THIS FORM.**

(PLEASE PRINT)

OWNER _____

ADDRESS _____

CITY & STATE _____

SOC. SEC. # _____

SIGNATURE **X** _____

TRAINER _____

ADDRESS _____

CITY & STATE _____

SIGNATURE **X** _____

RIDER/DRIVER _____

ADDRESS _____

CITY & STATE _____

SIGNATURE **X** _____

RESERVE
STABLING WITH: _____

EVERY ENTRY AT THIS COMPETITION SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT ALL PARTICIPANTS (WHICH INCLUDE WITHOUT LIMITATION THE OWNER, LEASEE, TRAINER, MANAGER, AGENT, COACH, DRIVER, RIDER, HANDLER AND THE HORSE), FOR THEMSELVES, THEIR PRINCIPALS, REPRESENTATIVES, EMPLOYEES AND AGENTS: 1. SHALL BE SUBJECT TO THE RULES OF THE OASPHA AS ESTABLISHED; 2. REPRESENT THAT EVERY HORSE, RIDER, DRIVER AND HANDLER IS ELIGIBLE AS ENTERED AND THAT THEIR HORSES ENTERED ARE IN COMPLIANCE WITH "THE HORSE PROTECTION ACT" OF THE UNITED STATES OF AMERICA; 3. AGREE TO BE BOUND BY THE RULES OF THE RFCHS AND OF THE COMPETITION, AND WILL ACCEPT AS FINAL THE DECISION OF THE SHOW COMMITTEE & STEWARD ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD THE COMPETITION, OASPHA, THEIR OFFICIALS, DIRECTORS AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; 4. AGREE THAT AS A CONDITION OF ENTRY, THEY AUTHORIZE THE OAPSHA TO MARKET, TRANSFER, ASSIGN OR OTHERWISE MAKE USE OF ANY PHOTOGRAPHS, LIKENESSES, FILMS, BROADCASTS, CABLECASTS, AUDIOTAPES TAKEN OF THE HORSE(S) AND PARTICIPANT(S) WHILE ON THE GROUNDS, INCIDENT TO OR IN TRANSIT BETWEEN THE STABLING FACILITY AND THE EVENT SITE, IN ANY WAY THEY SEE FIT FOR THE PROMOTION, COVERAGE OR BENEFIT OF THE EVENT, WITHOUT COMPENSATION TO ANY OF THEM, SO LONG AS THE USE NEITHER JEOPARDIZES AMATEUR STATUS OR ENDORSES A SPECIFIC PRODUCT OR SERVICE AND HEREBY EXPRESSLY AND IRREVOCABLY WAIVE AND RELEASE ANY RIGHTS IN CONNECTION WITH SUCH USE, INCLUDING ANY CLAIM TO INVASION OF PRIVACY, RIGHT OF PUBLICITY OR TO MISAPPROPRIATION AND; 5. AGREE THAT THEY PARTICIPATE VOLUNTARILY IN COMPETITION FULLY AWARE THAT HORSE SPORTS AND COMPETITION INVOLVE INHERENT DANGEROUS RISK OF SERIOUS INJURY OR DEATH, AND BY PARTICIPATING THEY EXPRESSLY ASSUME ANY AND ALL RISK OF INJURY OR LOSS, AND THEY AGREE TO INDEMNIFY AND HOLD THE OASPHA, THE COMPETITION AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FROM AND AGAINST ALL CLAIMS INCLUDING ANY FOR THE INJURY OR LOSS SUFFERED DURING OR IN CONNECTION WITH COMPETITION, WHETHER OR NOT SUCH CLAIM, INJURY OR LOSS RESULTED, DIRECTLY OR INDIRECTLY, FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE RFCHS, THE CONSTRUCTION AND APPLICATION OF RFCHS RULES ARE GOVERNED BY THE STATE OF OHIO AND ANY ACTION INSTITUTED AGAINST THE OASPHA MANAGEMENT OR PARTICIPANTS MUST BE FILED IN CLARK COUNTY, OHIO.