Entry Form Top of Iowa Show

Horse's Name ____

Year Foaled ___________________________ *Sex: Mare Gelding*

Owner ____________________________ *Address* _________________________

City ______________________________ *State* ________ *Zip* _________________

Fees paid by: ____

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Exhibitor 1 ____ BACK #____________

Address, city, state zip: ____

Age as of January 1, 2026 ____

Classes Entering: _____ _____ _____ _____ _____ _____ _____ _____ _____

Exhibitor 2 ____ BACK #____________

Address, city, state zip: ____

Age as of January 1, 2026 ____

Classes Entering: _____ _____ _____ _____ _____ _____ _____ _____ _____

NO. OF ALL DAY FEES [ ] ***Pre-entered by July 31 X $25.00= $*** [ ]

NO. OF ALL DAY FEES [ ] **Day of show X $30.00 = $** [ ]

NO. OF CLASSES [ ] ***X $5. 00 = $*** [ ]

(All day fees apply to one horse/rider combination) **TOTAL DUE AT SHOW $** ___________

I acknowledge horseback riding is a sport which carries inherent risks of injury and damage to myself, other horses and property. I knowingly assume all risks. In consideration of my participation in this event, I will defend, indemnify and hold harmless any agents or employees of the above against all claims, demands and causes of action including court costs and actual attorney's fee arising from any proceeding or lawsuit brought by or prosecuted to my benefit. This agreement is binding on my executors, heirs and assigns. My signature acknowledges that I have read the liability and medical release and know and understand its contents.

Signature____________________________________ **Date**__________________