

**THE BACK OF THIS ENTRY FORM MUST BE SIGNED**

**MASTERS OF FOXHOUNDS ASSOC. OF AMERICA INC. (MFHA)**  
**FIELD HUNTER COMPETITION ENTRY FORM**

Name of Horse (one per entry form): \_\_\_\_\_ Assigned Entry# \_\_\_\_\_

CHECK ONE DIVISION - Adult /Junior Hunter: \_\_\_\_\_ Adult/Junior Hilltopper: \_\_\_\_\_

Name of Rider: \_\_\_\_\_ Coggins # \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Telephone# \_\_\_\_\_

Please make check payable to: *The Bridlespur Hunt*

Mail entry form, check and necessary forms (Horse & Rider Cert., MFHA Subscribing Membership Card, and coggins) to:

*Bridlespur Hunt*  
*Attn: Jean Mutrux*  
*217 Westgate*  
*St. Louis MO 63130*

**MFHA ENTRY AGREEMENT**

I have read the MFHA Entry Agreement and the Rules and Conditions for this competition and agree to all its provisions. I understand and agree that by entering this competition, I am subject to MFHA rules and conditions, MFHA Field Hunter Rules and Conditions, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos or my likeness in any form at the competition.

**MFHA Release, Assumption of Risk, Waiver and Indemnification**

*(This document waives important legal rights. Please read carefully.)*

I agree in consideration for my participation in the MFHA Field Hunter Competition to the following: I AGREE that I choose to participate voluntarily in the competition with my horse, as a rider, handler, lessee, owner, agent, trainer, or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain suffering, or death ("harm").

I AGREE to release the MFHA, the competition and owner or lessee of the location of the competition from all claims for money damages or otherwise for any harm to me or my horse and for any harm caused by me or my horse to others, even if the harm resulted, directly or indirectly, from the negligence of the MFHA, the competition, owner or lessee.

I AGREE to expressly assume all risks of harm to me or my horse, including harm results from the negligence of the MFHA or the competition.

I AGREE to indemnify (that is, to pay any losses, damages of costs incurred by) MFHA and the competition and to hold them harmless with respect to claims for harm to me of my horse, and for claims made by others for any harm caused by me or my horse at the competition.

I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the MFHA strongly encourages me to do so while warning that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, I CONSENT to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of the Release on the child's behalf. I AGREE that the MFHA and the competition as used above includes all of their officials, directors, employees, agents, personnel, volunteers and the affiliated organizations.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition. **BY SIGNING THE BACK OF THIS ENTRY FORM, I AGREE TO BE**

**BOUND BY ALL APPLICABLE MFHA RULES AND ALL TERMS AND PROVISIONS OF THIS ENTRY FORM.**

**BY SIGNING BELOW, I AGREE TO BE BOUND BY ALL APPLICABLE MFHA RULES AND ALL TERMS AND PROVISIONS OF THIS ENTRY FORM.**

**RIDER (Mandatory)**    The rider is a Junior: Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**MFHA#** \_\_\_\_\_

**Parent/Guardian Signature (Required for a Junior)** \_\_\_\_\_

**Birth date of Junior** \_\_\_\_\_

**OWNER/AGENT (Mandatory)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**MFHA#** \_\_\_\_\_

**TRAINER (Mandatory) (Owner or rider may sign as trainer.)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**MFHA#** \_\_\_\_\_