

# PSJ Highfields May Horse Show

**May 13-14, 2017**  
 Closing Date: May 1, 2017

**MAKE CHECKS PAYABLE TO PSJ**

E-Mail Entries to: [psjshows87@gmail.com](mailto:psjshows87@gmail.com)  
 Mail Entries to: PSJ  
 147 Warehouse Road  
 Aiken, SC 29801

# OFFICE ONLY	HORSE OR PONY NAME (ONLY ONE PER BLANK)	COLOR	SEX	HEIGHT	HORSE/PONY AGE	GREEN
				SM MD LG		1 2

NAME OF FIRST RIDER	DOB	CLASSES <small>(SCHEDULE CAN BE FOUND AT PSJSHOWS.COM)</small>
NAME OF SECOND RIDER	DOB	CLASSES <small>(SCHEDULE CAN BE FOUND AT PSJSHOWS.COM)</small>

### PSJ Entry Agreement

Under penalty of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secure property, contributions to an individual retirement arrangement (IRA), and payments other than interest or dividends). I agree to indemnify and save harmless The Progressive Show Jumping, Inc. (PSJ) all and singular, the directors, officers, members, employees and agents thereof from and against any and all loss, costs or expenses, or any claim thereof, of whatever nature arising or to arise, for an account, or by reason of entry or entries hereby made thereby represent agree in the event that the entries hereby made are made for and on behalf of an exhibitor under the age of 21 years, that I am one of the parents of such minor, or duly appointed legal guardian of such minor, and as such, entitle to make this entry for and on behalf of such minor, and I further hereby represent and agree that in the event that the entry hereby made for and on behalf of another person other than a minor under the age of 21 years, I have full authority and privilege from such other person to make such entry for and on behalf of such other person.

**Under South Carolina law**, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in an equine activity resulting from an inherent risk of equine activity. Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

*Every person who participates in the show is responsible for knowledge of and is subject to the rules of the sanctioning associations.*

STABLE WITH: _____
ARRIVAL DATE: _____

EMERGENCY CONTACT INFORMATION	
NAME: _____	_____
PHONE: _____	_____

Owner _____ Street Address _____ City/State/Zip _____ SS/TIN _____ Corporation? <input type="checkbox"/> Y <input type="checkbox"/> N Name Associated with SS/TIN _____ Phone _____ Email _____ Owner/Agent Signature _____	Trainer _____ Street Address _____ City/State/Zip _____ SS/TIN _____ Corporation? <input type="checkbox"/> Y <input type="checkbox"/> N Name Associated with SS/TIN _____ Phone _____ Email _____ Trainer Signature _____
Rider #1 _____ DOB _____ Street Address _____ City/State/Zip _____ Rider/Agent Signature _____	Rider #2 _____ DOB _____ Street Address _____ City/State/Zip _____ Rider/Agent Signature _____

	Show Stall	\$75	
	Ship-in/day	\$20	
	RV Hook-up/Show	\$75	
1	Service Fee	\$25	\$25
	Late Fee	\$25	
	Non-Showing Fee	\$30	
	Paddock	\$100	
	TOTAL		
	CHECK #		