

36th KENTUCKY SPRING PREMIER HORSE SHOW

ACADEMY ENTRY FORM

April 4, 2025

Kentucky Horse Park, Lexington, Kentucky

Entries close April 1, 2025

Make checks payable to:
KENTUCKY SPRING PREMIER HORSE SHOW
Entries may be paid by credit card below.

Mail To: Kentucky Spring Premier Horse Show
303 West Brannon Road
Nicholasville, KY 40356
859-333-1406/cewalker9876@yahoo.com

PLEASE PRINT OR TYPE (Fill out completely)

Owner _____
Address _____ City/State/Zip _____

Trainer/Instructor _____ Stable _____
Address _____ City/State/Zip _____
Phone # _____ Cell Phone # _____ email _____

	Office Use	Class	Horse Name	Rider/Handler	Age	City/State	Fee
1							
2							
3							
4							
5							
						Total Entry Fees	

EVERY ENTRY AT A SHOW AFFILIATED WITH ESC AND RUN UNDER ESC RULES SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT THE PERSON MAKING IT, ALONG WITH THE OWNER, LESSEE, TRAINER, MANAGER, AGENT, COACH, DRIVER, RIDER AND THE HORSE: (1) SHALL BE SUBJECT TO THE SHOW RULES; (2) THAT EVERY HORSE, RIDER, AND/OR DRIVER IS ELIGIBLE AS ENTERED INCLUDING ATTESTATION AS TO AMATEUR/PROFESSIONAL STATUS; (3) THAT THE OWNER AND ANY OF HIS REPRESENTATIVES ARE BOUND BY THE SHOW RULES AND WILL ACCEPT AS FINAL THE DECISION OF SHOW MANAGEMENT ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD THE SHOW, ESC, THEIR OFFICIALS, DIRECTORS, AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; (4) THAT THE OWNER, RIDER/DRIVER AND ANY OF THEIR AGENTS OR REPRESENTATIVES AGREE TO HOLD THE SHOW, ESC, AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FOR ANY INJURY OR LOSS SUFFERED DURING OR IN CONJUNCTION WITH THE SHOW, WHETHER OR NOT SUCH INJURY OR LOSS RESULTED, DIRECTLY OR INDIRECTLY, FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTLY, FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE SHOW OR ESC.

I hereby enter the above horses and riders at my own risk and subject to the rules and regulations of the State of Kentucky and the Show. I further agree that if any damage is occasioned or loss occurs to the horses exhibited, to any vehicle or other articles which I may send with said horses, I will make no claim therefore against the Kentucky Spring Premier Horse Show or any participating organizations.

SIGNATURE _____ EMERGENCY CONTACT PHONE _____

	TOTAL ENTRY FEES	\$
#	STALLS @ \$185 EACH (week)	\$
#	STALLS \$60 ACADEMY DAY ONLY	\$
#	OFFICE FEE \$25 PER RIDER	\$
#	EQUINE SPORTS COUNCIL FEE @ \$5 PER ENTRY	\$
	TOTAL REMITTANCE	\$

CHECK # _____ AMOUNT \$ _____ DATE RECEIVED _____ WE ALSO ACCEPT: VISA _____ MASTER CARD _____
(4% cc fee will be charged)

CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER NAME (please print) _____ CARD HOLDER SIGNATURE _____

ALL HORSES MUST HAVE NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF SHOW, AND HEALTH PAPERS FOR ALL HORSES CURRENT WITHIN 30 DAYS

CHECK # _____ AMOUNT \$ _____ DATE RECEIVED _____

Website - www.kentuckyspringpremier.com