



EQUINE SPORTS COUNCIL
WWW.EQUINESPORTSCOUNCIL.ORG
ENTRY AGREEMENT

Every entry at a show that pays the equine sports council exhibition and/or drug fees and is exhibited and judged according to the ESC rules and guidelines shall constitute an agreement and affirmation that: (1) the owner, agent, lessee, trainer, manager, coach, driver and rider and any of his/her representatives are bound by the show rules; (2) that every horse, rider, and/or driver is eligible as entered, including amateur or professional status; (3) they agree to accept as final the decision of show management on any question arising under said rules, and agree to hold the show, equine sports council, 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, equine sports council. 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 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, directors, employees or agents of the show or equine sports council.

OWNER/AGENT *Mandatory

Print Name _____ Signature  Date _____

TRAINER *Mandatory

Print Name _____ Signature  Date _____

RIDER/DRIVER/HANDLER

Print Name _____ Signature  Date _____

COACH *if applicable

Print Name _____ Signature  Date _____

PARENT/GUARDIAN *Mandatory if Rider/Driver/Handler is a minor

Print Name _____ Signature  Date _____

Emergency Contact Phone Number _____

Is the Rider/Driver/Handler a U.S. Citizen YES _____ NO _____



ROCK CREEK HORSE SHOW

June 2-6, 2026 | Entries Close: May 12, 2026

Make checks payable to: Rock Creek Horse Show
WWW.ROCKCREEKHORSESHOW.COM

Mail to: Rock Creek Horse Show

53 Fairway Crossing

Shelbyville, KY 40065

(502) 314-7960

horseshowentries18@gmail.com

2025 ENTRY BLANK **One horse per Entry Blank

Owner _____ AHHS _____ ARHPA _____ UPHA _____

Address _____ City/State/Zip _____

Email Address _____ Cell Phone Number _____

Trainer _____ AHHS _____ ARHPA _____ UPHA _____

Address _____ City/State/Zip _____

Email Address _____ Cell Phone Number _____

Rider/Driver/Handler _____ AHHS _____ ARHPA _____ UPHA _____

Address _____ City/State/Zip _____

Email Address _____ Cell Phone Number _____

Make checks payable to _____ Social Security/Tax ID _____

Address _____ City/State/Zip _____

Emergency Contact Phone Number _____

Entry #		Horse Name				Registration #	
Color		Sex		Age		Height	
Class #							Total Fees
Entry Fee							
						\$	
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