

OWNER			RIDER ONE			TRAINER						
Owner Name			Rider Name			B-day mm/yy	Trainer Name					
Address			Address			ASPCA #	Farm Name					
Address			Address			Address						
City St Zip			City St Zip			City St Zip						
Phone			Phone			E-mail						
E-mail			Office Use			EC #	<input type="checkbox"/>	USEF & USHJA #	<input type="checkbox"/>			
Office Use	EC #	<input type="checkbox"/>	USEF & USHJA #	<input type="checkbox"/>	RIDER TWO			Office Use	EC #	<input type="checkbox"/>	USEF & USHJA #	<input type="checkbox"/>

RECIPIENT OF PRIZE MONEY AWARDS				PAYABLE TO		MISC. FEES		HORSES ARRIVE:			
Name of Individual		OR Corporation		Address		ASPCA #		HITS, 319 Main Street Saugerties, NY 12477 845.246.8833 <u>CANADIAN EXHIBITORS</u> CHECK MUST BE PRE-PRINTED "U.S. FUNDS"		USEF Drug: \$7 USEF Fee: \$5 USEF NM Fee: \$20 USEF Breed Disc: \$5 (Jr's Exempt) USHJA NM: \$20	
SS# - - - - -		OR Fed ID # - - - - -		City St Zip		Phone				STABLE WITH:	
Address		City/ST/Zip		Office Use		EC #	<input type="checkbox"/>	USEF & USHJA #	<input type="checkbox"/>		

OFFICE USE ONLY	HORSE NAME					USEF HORSE #		RIDERS		CIRCLE		CLASSES	
										<input type="checkbox"/>	<input type="checkbox"/>	RIDER 1 CLASSES	
										<input type="checkbox"/>	<input type="checkbox"/>	RIDER 2 CLASSES	
										<input type="checkbox"/>	<input type="checkbox"/>		

USEF ENTRY AGREEMENT

I have read the USEF Entry Agreement (GR 1502.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State.

USEF Equestrian Release, Assumption of Risk, Waiver and Indemnification
This document waives important legal rights. Read it carefully before signing.

<p>I AGREE in consideration for my participation in this Competition HITS Culpeper Show Series to the following:</p> <p>I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longueur, lessee, owner, agent, coach, trainer, or as 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").</p> <p>I AGREE to release the Federation and 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 Federation or the Competition.</p> <p>I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition.</p> <p>I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition.</p>	<p>I have read the Federation Rules about protective equipment, including GR 318 and EV 113, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.</p> <p>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 this Release on the child's behalf.</p> <p>I AGREE that "the Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.</p> <p>I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form.</p> <p>BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.</p>
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WEEKLY FEES	Horse Deposit	\$ 50 x _____ = \$ _____
	Jumper Nomination	\$150 x _____ = \$ _____
	Grand Prix Nomination (Class 414)	\$100 x _____ = \$ _____
	Weekly Stall	\$150 x _____ = \$ _____
	Late Weekly Stall	\$175 x _____ = \$ _____
	Weekly Ship-In	\$ 35 x _____ = \$ _____
	Paddock	\$200 x _____ = \$ _____
	RV Hookup	\$275 x _____ = \$ _____
Total Amount Enclosed		\$ _____
Night Watch Service Fee of \$12 per horse will be billed at the show.		

	OWNER/AGENT	RIDER/HANDLER	TRAINER
MANDATORY	SIGNATURE: _____	SIGNATURE: _____	Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/> SIGNATURE: _____
	Print Name: _____	Print Name: _____	Print Name: _____
	(Required if Rider/Handler is a minor) PARENT/GUARDIAN SIG.: _____	SIGNATURE: _____	Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/> COACH SIGNATURE: _____ (if applicable)
	Print Name: _____	Print Name: _____	Print Name: _____ Emerg. Contact Phone# _____
			OFFICE USE