

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

RECIPIENT OF PRIZE MONEY AWARDS			RIDER TWO			PAYABLE TO			MISC. FEES			HORSES ARRIVE:					
Name of Individual			Address			ASPCA #			<b>HITS, 319 Main Street Saugerties, NY 12477 845.246.8833</b>			USEF Drug: \$7			STABLE WITH:		
OR Corporation			Address			City						USEF Fee: \$8					
SS# - - - - -			City			St			Zip			AHJA Fee: \$3					
OR Fed ID # - - - - -			E-mail/Phone			Office			CANADIAN EXHIBITORS			USEF NM: \$30					
Address			E-mail/Phone			Office			CHECK MUST BE PRE-PRINTED			USHJA NM: \$30					
City/St/Zip			EC #			<input type="checkbox"/>	PCHA #	<input type="checkbox"/>	USEF & USHJA #	<input type="checkbox"/>	PCHA NM: \$10						

OFFICE USE ONLY	HORSE NAME						USEF HORSE #	RIDERS				CIRCLE	CLASSES			
								RIDER ONE				Jr	RIDER 1 CLASSES			
								RIDER TWO				Am	RIDER 2 CLASSES			
								RIDER TWO				Pro	RIDER 2 CLASSES			
								RIDER TWO				Jr	RIDER 2 CLASSES			
								RIDER TWO				Am	RIDER 2 CLASSES			
								RIDER TWO				Pro	RIDER 2 CLASSES			

**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.**

**I AGREE** in consideration for my participation in this Competition Arizona Winter Circuit to the following:  
**I AGREE** that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, 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").  
**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.  
**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.  
**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.

**I have read the Federation Rules** about protective equipment, including GR 801 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.  
**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.  
**I represent** that I have the requisite training, coaching and abilities to safely compete in this competition.  
**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 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.  
**BY SIGNING BELOW, I AGREE** to be bound by all applicable Federation Rules, PCHA Rules and all terms and provisions of this entry blank.

WEEKLY FEES	Horse Deposit	\$ 50 x _____ = \$ _____
Jumper Nomination	\$150 x _____ = \$ _____	
Grand Prix Nomination	\$100 x _____ = \$ _____	
Weekly Stall	\$175 x _____ = \$ _____	
Late Weekly Stall	\$200 x _____ = \$ _____	
Weekly Ship-In	\$ 50 x _____ = \$ _____	
Small Paddock	\$150 x _____ = \$ _____	
Large Paddock	\$300 x _____ = \$ _____	
RV Hookup	\$200 x _____ = \$ _____	
<b>Total Amount Enclosed</b>	<b>\$ _____</b>	

CIRCUIT	Circuit Stall	= _____
Circuit Paddock - Small	= _____	
Circuit Paddock - Large	= _____	
Circuit RV Hookup	= _____	
<b>Total Amount Enclosed</b>	<b>\$ _____</b>	

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

OFFICE USE ONLY	
-----------------	--