

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		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"/>	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 OR Corporation			Address			ASPCA #	HITS, 319 Main Street Saugerties, NY 12477 845.246.8833 CANADIAN EXHIBITORS CHECK MUST BE PRE-PRINTED "U.S. FUNDS"			USEF Drug: \$7			STABLE WITH:		
SS# - - - - - OR Fed ID # - - - - -			Address			USEF Fee: \$8									
Address			City			St	Zip	Office	PCHA Fee: \$3			AHJA Fee: \$2 USEF NM: \$30 USHJA NM: \$30 PCHA NM: \$10			
City/ST/Zip			E-mail/Phone			EC # <input type="checkbox"/>			PCHA # <input type="checkbox"/>	USEF & USHJA # <input type="checkbox"/>	EC # <input type="checkbox"/>				PCHA # <input type="checkbox"/>

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				
	COLOR	SEX	HT.	AGE	GREEN 1 2	HORSE/PONY SM MD LG	EC HORSE #					Jr				
												Am				
												Pro				

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 _____ = \$ _____	
Total Amount Enclosed	\$ _____	

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

MANDATORY	OWNER/AGENT	RIDER/HANDLER	TRAINER	OFFICE USE ONLY
	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# _____	