



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			E-mail/Phone			Phone					
Cell			Cell			Cell					
E-mail			E-mail			E-mail					
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			Rider Name			B-day mm/yy	HITS, 319 Main Street Saugerties, NY 12477 845.246.8833		CDFA Drug Fee: \$5 USEF Drug: \$7 USEF Fee: \$8 FEI Fee: \$23 (D&M = \$15, USEF = \$8)		USEF & USHJA #
SS# - - - - - OR Fed ID # - - - - -			Address			ASPCA #	CANADIAN EXHIBITORS CHECK MUST BE PRE-PRINTED "U.S. FUNDS"		PCHA Fee: \$3 OCHSA Fee: \$3 USEF NM: \$30 USHJA NM: \$30 PCHA NM: \$10		STABLE WITH:
Address			Address			City St Zip					
City/St/Zip			E-mail/Phone			Cell					
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"/>

OFFICE USE ONLY	HORSE NAME					USEF HORSE #		RIDERS		CIRCLE	CLASSES	
	COLOR	SEX	HT.	AGE	GREEN 1 2	HORSE/PONY SM MD LG	EC HORSE #	RIDER ONE	RIDER TWO	Jr	RIDER 1 CLASSES	
							FEI PASSPORT #			Am		
										Pro	RIDER 2 CLASSES	
										Jr		
										Am		
										Pro		

USEF ENTRY AGREEMENT

I have read the USEF Entry Agreement (GR 906.4) 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, 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 HITS Desert Circuit to the following:
 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").
 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 assume all of the obligations of this Release on the child's behalf.
 I AGREE that "the Federation" and "Competition" as used above includes all of the 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.
 I represent that I have the requisite training, coaching and abilities to safely compete in this competition.
 BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules, PCHA Rules and all terms and provisions of this entry blank.

Horse Deposit	\$75	x _____	= \$ _____	Weekly Horse Fees
Horse Non-Showing	\$25	x _____	= \$ _____	
Jumper Nom	\$150	x _____	= \$ _____	
Grand Prix Nom.	\$150	x _____	= \$ _____	
Tent Stall	\$220	x _____	= \$ _____	Weekly Stall Fees
Tent Stall - Late	\$250	x _____	= \$ _____	
Non-Stabling Fee	\$220	x _____	= \$ _____	
Permanent Stall	\$750	x _____	= \$ _____	Weekly Misc. Fees
RV	\$350	x _____	= \$ _____	
Paddock	\$350	x _____	= \$ _____	
Reserved Parking	\$150	x _____	= \$ _____	
Box Club	\$500	x _____	= \$ _____	
Oasis Club	\$1,500	x _____	= \$ _____	
Total Amount Enclosed			= \$ _____	

Order ALL Circuit Items on the DC 1 Entry Blank Only!
 If not showing at DC 1, check the box in the "Circuit" section on the DC 1 entry blank.

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

MANDATORY

OFFICE USE

Office fee of \$50 per horse charged at the show. See Rules & Regulations.