

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	City		St	Zip
Phone		Cell	E-mail/Phone		Cell		Phone		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"/>	EC # <input type="checkbox"/>	PCHA # <input type="checkbox"/>	USEF & USHJA # <input type="checkbox"/>	

RECIPIENT OF PRIZE MONEY AWARDS			RIDER TWO			PAYABLE TO			MISC. FEES		
Name of Individual OR Corporation			Rider Name			B-day mm/yy			CDFA Drug Fee: \$5		
SS# - - - - - OR Fed ID # - - - - -			Address			ASPCA #			USEF Drug: \$7		
Address			Address			City			USEF Fee: \$8		
City/St/Zip			City			St			FEI Fee: \$23		
City/St/Zip			E-mail/Phone			Cell			(D&M = \$15, USEF = \$8)		
City/St/Zip			EC # <input type="checkbox"/>			PCHA # <input type="checkbox"/>			PCHA Fee: \$3		
City/St/Zip			EC # <input type="checkbox"/>			PCHA # <input type="checkbox"/>			SFVHSA Fee: \$3		
City/St/Zip			EC # <input type="checkbox"/>			PCHA # <input type="checkbox"/>			USEF NM: \$30		
City/St/Zip			EC # <input type="checkbox"/>			PCHA # <input type="checkbox"/>			USHJA NM: \$30		
City/St/Zip			EC # <input type="checkbox"/>			PCHA # <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			
								FEI PASSPORT #		Pro			
										Jr		RIDER 2 CLASSES	
										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 "the Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates.  
 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 hold harmless and 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 of any nature caused by me or my horse to others, even if the Harm arises or results 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 while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and if applicable, EV114, 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 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 and all terms and provisions of this entry blank.

HORSE FEES							
Horse Deposit	\$75	x	_____	=	\$	_____	<b>Weekly Horse Fees</b>
Horse Non-Showing	\$25	x	_____	=	\$	_____	
Jumper Nom	\$150	x	_____	=	\$	_____	
Grand Prix Nom.	\$150	x	_____	=	\$	_____	
WEEKLY							
Tent Stall	\$200	x	_____	=	\$	_____	<b>Weekly Stall Fees</b>
Tent Stall - Late	\$220	x	_____	=	\$	_____	
RV	\$250	x	_____	=	\$	_____	<b>Weekly Misc. Fees</b>
Paddock	\$250	x	_____	=	\$	_____	
Reserved Parking	\$150	x	_____	=	\$	_____	
FEI Box Club	\$750	x	_____	=	\$	_____	
Oasis Club	\$1,500	x	_____	=	\$	_____	

Total Amount Enclosed = \$ \_\_\_\_\_

**Order Circuit Items for Entire Circuit and First Half Circuit on DC I Entry Blank. Check the box in the "Circuit" Section if NOT showing DC I**  
**Order Circuit Items for Second Half Circuit on DC IV Entry Blank**  
 Office fee of \$50 per horse charged at the show. See Rules & Regulations.

OWNER/AGENT		RIDER/HANDLER		TRAINER		OFFICE USE	
SIGNATURE: _____		SIGNATURE: _____		SIGNATURE: _____			
Print Name: _____		Print Name: _____		Print Name: _____			
(Required if Rider/Handler is a minor)				COACH SIGNATURE: _____			
PARENT/GUARDIAN SIG.: _____		SIGNATURE: _____		Print Name: _____			
Print Name: _____		Print Name: _____		Print Name: _____			
				Emerg. Contact Phone# _____			