

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 Cell			E-mail/Phone Cell			Phone Cell		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		HORSES ARRIVE:	
Name of Individual OR Corporation			Rider Name			HITS, 319 Main Street		CDFA Drug Fee: \$5		STABLE WITH:	
SS# - - - - - OR Fed ID # - - - - -			Address			Saugerties, NY 12477		USEF Drug: \$7			
Address			Address			845.246.8833		USEF Fee: \$8		STABLE WITH:	
City/St/Zip			City St Zip			CANADIAN EXHIBITORS CHECK MUST BE PRE-PRINTED "U.S. FUNDS"		FEI Fee: \$23			
EC # <input type="checkbox"/>			EC # <input type="checkbox"/>					PCHA # <input type="checkbox"/>		PCHA Fee: \$3	
USEF & USHJA # <input type="checkbox"/>			USEF & USHJA # <input type="checkbox"/>			USEF & USHJA # <input type="checkbox"/>		SFVHSA Fee: \$3			
ASPCA #			ASPCA #			USEF & USHJA # <input type="checkbox"/>		USEF NM: \$30		STABLE WITH:	
E-mail/Phone Cell			E-mail/Phone Cell			PCHA # <input type="checkbox"/>		USHJA NM: \$30			
E-mail			E-mail			USEF & USHJA # <input type="checkbox"/>		PCHA NM: \$10		STABLE WITH:	

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

Perm Stall 2nd Half \$1,400 x _____ = \$ _____ **1/2 CIRCUIT FEES**
 Weekly Permanents not available

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