

OWNER	RIDER ONE	TRAINER
Owner Name	Rider Name	B-day mm/yy
Address	Address	ASPCA #
Address	Address	Trainer Name
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"/>	E-mail

RIDER TWO	PAYABLE TO	MISC. FEES
Rider Name	<b>HITS, 319 Main Street</b> <b>Saugerties, NY 12477</b> <b>845.246.8833</b>	<b>CANADIAN EXHIBITORS</b> <b>CHECK MUST BE PRE-PRINTED</b> <b>"U.S. FUNDS"</b>
Address		
Address		
City St Zip		
EC # <input type="checkbox"/> PCHA # <input type="checkbox"/> USEF & USHJA # <input type="checkbox"/>	CDFA Drug Fee: \$5 USEF Drug: \$7 USEF Fee: \$8 FEI Fee: \$23 (D&M = \$15, USEF = \$8) PCHA Fee: \$3 SFVHSA Fee: \$3 USEF NM: \$30 USHJA NM: \$30 PCHA NM: \$10	

OFFICE USE ONLY	HORSE NAME	USEF HORSE #	RIDERS	CIRCLE	CLASSES
			RIDER ONE	Jr	RIDER 1 CLASSES
			RIDER TWO	Am	
				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	Item	Amount	Qty	Total	
<b>WEEKLY HORSE FEES</b>	Horse Deposit	\$75	x _____	= \$ _____	
	Horse Non-Showing	\$25	x _____	= \$ _____	
	Jumper Nom	\$150	x _____	= \$ _____	
	Grand Prix Nom.	\$150	x _____	= \$ _____	
<b>WEEKLY MISC. FEES</b>	Tent Stall	\$200	x _____	= \$ _____	
	Tent Stall - Late	\$220	x _____	= \$ _____	
	RV	\$250	x _____	= \$ _____	
	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.

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