

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

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

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.	\$350	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	_____	=	\$	_____	

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: _____		Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>	SIGNATURE: _____	OFFICE USE	
Print Name: _____		Print Name: _____		NO <input type="radio"/>	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: _____		NO <input type="radio"/>	Print Name: _____		
					Emerg. Contact Phone# _____		