OWNER

Owner Name
Address
Address
City St Zip
Phone
E-mail
Office Use EC # USEF # USHJA #

RIDER ONE

Rider Name B-day mm/yy
Address ASPCA #
Address
City St Zip
Phone E-mail
Office Use EC # USEF # USHJA #

TRAINER

Trainer Name
Farm Name
Address
City St Zip
Phone
E-mail
Office Use EC # USEF # USHJA #

RIDER TWO

Rider Name B-day mm/yy
Address ASPCA #
Address
City St Zip
Phone E-mail
Office Use EC # USEF # USHJA #

RECIPIENT OF PRIZE MONEY AWARDS

Name of Individual OR Corporation
SS# ___ ___ ___ - ___ ___ - ___ ___ ___ ___ OR Fed ID # ___ ___ - ___ ___ ___ ___ ___ ___ ___
Address
City/St/Zip

PAYABLE TO

HITS, 319 Main Street
Saugerties, NY 12477
845.246.8833

CANADIAN EXHIBITORS CHECK MUST BE PRE-PRINTED "U.S. FUNDS"

MISC. FEES

USEF Drug:	$8
USEF Fee:	$8
USHJA Horse Fee:	$2
USEF NM Fee:	$30
USHJA NM Fee:	$30

HORSES ARRIVE:

STABLE WITH:

Horse Watch Service Fee of $12 per horse will be billed at the show.

OFFICE USE ONLY

HORSE NAME

COLOR	SEX	HT.	AGE	GREEN	HORSE/PONY
				1 2	SM MD LG

USEF HORSE

USEF HORSE #
EC HORSE #

RIDERS

RIDER ONE
RIDER TWO

CIRCLE

Jr
Am
Pro
Jr
Am
Pro

CLASSES

RIDER 1 CLASSES
RIDER 2 CLASSES

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, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos from the competition, and agree that any actions against the Federation must be brought in New York State.

Federation 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 Ocala Winter 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 on the showgrounds prior to, during or after 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 on the showgrounds prior to, during or after 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.

WARNING UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. FLA. STAT. S 773.04 (1993)

WEEKLY FEES

Horse Deposit	$ 50	x _____	= $_____
Jumper Nomination	$175	x _____	= $_____
Grand Prix Nomination (Class 420)	$400	x _____	= $_____
Weekly Stall	$200	x _____	= $_____
Late Weekly Stall	$225	x _____	= $_____
Weekly Ship-in / Grounds Fee	$ 25	x _____	= $_____
RV Hookup	$300	x _____	= $_____
Paddock	$300	x _____	= $_____
VIP Table	$1000	x _____	= $_____
Winter Boarding by invitation only		x _____	(mark quantity of stalls only)

SERIES

SERIES ITEMS BEGIN Sunday, January 15 (January 1&2, HITS I-VII)

Series Stall	x _____	Mark quantity ordered on January 1&2 Entry blanks
Series RV	x _____	
Series Paddock	x _____	

CIRCUIT

CIRCUIT ITEMS BEGIN Sunday, January 29 (HITS I-VII)

Circuit Stall	x _____	Mark quantity ordered on Ocala Week I Entry blanks
Circuit Stall Late	x _____	
Circuit Ship-in/Grounds Fee	x _____	
Circuit RV	x _____	
Circuit Paddock	x _____	
Circuit VIP Table	x _____	

Total Amount Enclosed $_____

MANDATORY

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

OFFICE USE