

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			Phone			E-mail			
E-mail			E-mail			E-mail			
Office Use	EC #	<input type="checkbox"/> USEF <input type="checkbox"/> USHJA #	Office Use	EC #	<input type="checkbox"/> USEF <input type="checkbox"/> USHJA #	Office Use	EC #	<input type="checkbox"/> USEF <input type="checkbox"/> USHJA #	

RECIPIENT OF PRIZE MONEY AWARDS			RIDER TWO			PAYABLE TO			MISC. FEES			HORSES ARRIVE:					
Name of Individual OR Corporation			Address			ASPCA #			HITS, 319 Main Street Saugerties, NY 12477 845.246.8833 <u>CANADIAN EXHIBITORS</u> CHECK MUST BE PRE-PRINTED "U.S. FUNDS"			USEF Drug: \$7			STABLE WITH:		
SS# - - - - - OR Fed ID # - - - - -			Address			City St Zip						USEF Fee: \$8					
Address			Phone			E-mail			USEF NM Fee: \$30								
City/St/Zip			Office Use			EC #			USEF USHJA #								

OFFICE USE ONLY	HORSE NAME						USEF HORSE #	RIDERS				CIRCLE	CLASSES				
								RIDER ONE				RIDER 1 CLASSES					
	COLOR	SEX	HT.	AGE	GREEN 1 2	HORSE/PONY SM MD LG		RIDER TWO				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, 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.

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 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 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 caused by me or my horse to others, even if the Harm 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 at the Competition. **I have read the Federation Rules** about protective equipment, including GR 801 and EV 113, 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 assume all of the obligations of this Release on the child's behalf.
I AGREE that "the Federation" and "Competition" as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
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. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.
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	Item	Amount
	Horse Deposit	\$ 50 x _____ = \$ _____
	Jumper Nomination	\$175 x _____ = \$ _____
	Grand Prix Nomination (Class 415)	\$250 x _____ = \$ _____
	Weekly Stall	\$200 x _____ = \$ _____
	Late Weekly Stall	\$225 x _____ = \$ _____
	Weekly Ship-In/Grounds Fee	\$ 75 x _____ = \$ _____
	Paddock	\$300 x _____ = \$ _____
	RV Hookup	\$250 x _____ = \$ _____
	VIP Table	\$550 x _____ = \$ _____

SERIES	Item	Amount	Notes
	Series Stall	x _____	SERIES ITEMS BEGIN Sunday, January 11
	Series RV	x _____	(January 1&2, Week Off, HITS I-VI) on January 1&2
	Series Paddock	x _____	Entry blanks
	Circuit Stall	\$ 950 x _____ = \$ _____	
	Circuit Stall Late	\$1050 x _____ = \$ _____	
	Circuit RV	\$1500 x _____ = \$ _____	CIRCUIT ITEMS BEGIN Sunday, February 1 (HITS I-VI)
	Circuit Paddock	\$1750 x _____ = \$ _____	
	Circuit VIP Table	\$3000 x _____ = \$ _____	

OFF-WEEK ARRIVAL	Item	Amount
	Off-Week Stall	\$ 200 x _____ = \$ _____
	Off-Week RV	\$ 250 x _____ = \$ _____
	Off-Week Paddock	\$ 300 x _____ = \$ _____

MANDATORY	OWNER/AGENT	RIDER/HANDLER	TRAINER
	SIGNATURE: _____	SIGNATURE: _____	SIGNATURE: _____
	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: _____
		Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>	Emerg. Contact Phone# _____
		Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>	

OFFICE USE
Total Amount Enclosed \$ _____
Horse Watch Service Fee of \$12 per horse will be billed at the show.