

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			Office Use			EC #	<input type="checkbox"/>	USEF & USHJA #	<input type="checkbox"/>			
Office Use	EC #	<input type="checkbox"/>	USEF & USHJA #	<input type="checkbox"/>	RIDER TWO			Office Use	EC #	<input type="checkbox"/>	USEF & USHJA #	<input type="checkbox"/>

RECIPIENT OF PRIZE MONEY AWARDS								
Name of Individual			OR Corporation					
SS# - - - - -			OR Fed ID # - - - - -					
Address			Address					
City St Zip			City St Zip					
Address			Address					
City/St/Zip			City St Zip					
Office Use			EC #			<input type="checkbox"/>	USEF & USHJA #	<input type="checkbox"/>

PAYABLE TO		MISC. FEES		HORSES ARRIVE:	
HITS, 319 Main Street Saugerties, NY 12477 845.246.8833		USEF Drug: \$7		STABLE WITH:	
<u>CANADIAN EXHIBITORS</u> CHECK MUST BE PRE-PRINTED "U.S. FUNDS"		USEF Fee: \$8			
		USEF NM Fee: \$30			
		USHJA NM: \$30			

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

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, longueur, 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,

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)

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.

WEEKLY FEES	
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 _____ = \$ _____

Winter Boarding by invitation only X _____ (mark quantity of stalls only)

SERIES	
Series Items Begin Sunday, January 11 (January 1&2, Week Off, HITS I-VI)	
Series Stall	x _____ Mark quantity ordered
Series RV	x _____ on January 1&2 Entry blanks
Series Paddock	x _____

CIRCUIT	
Circuit Items Begin Sunday, February 1 (HITS I-VI)	
Circuit Stall	x _____
Circuit Stall Late	x _____
Circuit RV	x _____
Circuit Paddock	x _____

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: _____ (if applicable)	
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"/>			

Total Amount Enclosed \$ _____

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

MANDATORY

OFFICE USE