OWNER

Owner Name
Address
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

RIDER ONE

Rider Name B-day mm/yy
Address ASPCA #
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 #

TRAINER

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

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:	$7
USEF Fee:	$8
USEF NM Fee:	$30
USHJA NM:	$30

HORSES ARRIVE:

STABLE WITH:

OFFICE USE ONLY

HORSE NAME

COLOR | SEX | HT. | AGE | GREEN 1 2 | HORSE/PONY 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, 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

Horse Deposit	$ 50 x _____	= $_____
Jumper Nomination	$175 x _____	= $_____
Grand Prix Nomination (Class 415)	$400 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 _____
Series RV x _____
Series Paddock x _____
Mark quantity ordered on January 1&2 Entry blanks

CIRCUIT

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

Total Amount Enclosed $_____

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

OFFICE USE

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#