

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

RECIPIENT OF PRIZE MONEY AWARDS			RIDER TWO			PAYABLE TO		MISC. FEES		HORSES ARRIVE:	
Name of Individual OR Corporation			Rider Name			<b>HITS, 319 Main Street Saugerties, NY 12477 845.246.8833</b>  <b>CANADIAN EXHIBITORS CHECK MUST BE PRE-PRINTED "U.S. FUNDS"</b>		USEF Drug: \$7		STABLE WITH:	
SS# - - - - - OR Fed ID # - - - - -			Address					USEF Fee: \$8			
Address			Address					USHJA Fee: \$2			
City/St/Zip			City St Zip					USEF NM Fee: \$30			
Office Use			Office Use			EC #	<input type="checkbox"/> USEF & USHJA #	USHJA NM: \$30		HORSES ARRIVE:	

OFFICE USE ONLY		HORSE NAME				USEF HORSE #		RIDERS		CIRCLE		CLASSES	
						USEF HORSE #		RIDER ONE		RIDER 1 CLASSES			
										Jr			
										Am			
										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.

**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 Culpeper Show Series** 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.

WEEKLY FEES	
Horse Deposit	\$ 50 x _____ = \$ _____
Jumper Nomination	\$150 x _____ = \$ _____
Grand Prix Nomination	\$200 x _____ = \$ _____
Weekly Stall	\$165 x _____ = \$ _____
Late Weekly Stall	\$180 x _____ = \$ _____
Paddock	\$200 x _____ = \$ _____
RV Hookup	\$250 x _____ = \$ _____

CIRCUIT	
<i>Culpeper Shows I through VI</i>	
Circuit Stall	x _____
Circuit RV Hookup	x _____

**Total Amount Enclosed** \$ \_\_\_\_\_

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

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

OFFICE USE	