

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

RECIPIENT OF PRIZE MONEY AWARDS				PAYABLE TO		MISC. FEES		HORSES ARRIVE:	
Name of Individual		OR Corporation		Address		ASPCA #		HITS, 319 Main Street Saugerties, NY 12477 845.246.8833	
SS# - - - - -		OR Fed ID # - - - - -		Address		ASPCA #			
Address		City St Zip		Phone		E-mail		CANADIAN EXHIBITORS REFER TO PRIZE LIST "RULES AND REGS" AS TO PAYMENT IN U.S. FUNDS	
City/ST/Zip		Office Use		EC #	<input type="checkbox"/> USEF & USHJA #	<input type="checkbox"/>			
USEF Drug: \$7		USEF Fee: \$5		USEF NM Fee: \$20		USEF Breed Disc: \$5 (Jr's. Exempt)		HORSE WATCH: \$12	

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

USEF ENTRY AGREEMENT																																		
<p>I have read the USEF Entry Agreement (GR 1502.4) 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 at the competition, and agree that any actions against the Federation must be brought in New York State.</p> <p style="text-align: center;">USEF Equestrian Release, Assumption of Risk, Waiver and Indemnification</p> <p style="text-align: center;"><u>This document waives important legal rights. Read it carefully before signing.</u></p>																																		
<p>I AGREE in consideration for my participation in this Competition HITS Saugerties Circuit to the following:</p> <p>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").</p> <p>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.</p> <p>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.</p> <p>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.</p>					<p>I have read the Federation Rules about protective equipment, including GR 318 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.</p> <p>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.</p> <p>I AGREE that "the Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.</p> <p>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.</p> <p>BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.</p>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="10" style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center; font-weight: bold;">WEEKLY FEES</td> <td>Horse Deposit</td> <td>\$ 50 x _____ = \$ _____</td> </tr> <tr> <td>Jumper Nomination</td> <td>\$ 175 x _____ = \$ _____</td> </tr> <tr> <td>Grand Prix Nomination (Class 420)</td> <td>\$ 250 x _____ = \$ _____</td> </tr> <tr> <td>Weekly Stall</td> <td>\$ 175 x _____ = \$ _____</td> </tr> <tr> <td>Late Weekly Stall</td> <td>\$ 200 x _____ = \$ _____</td> </tr> <tr> <td>Permanent Stabling Silver</td> <td>\$ 250 x _____ = \$ _____</td> </tr> <tr> <td>Permanent Stabling Gold</td> <td>\$ 350 x _____ = \$ _____</td> </tr> <tr> <td>Ship-in</td> <td>\$ 50 x _____ = \$ _____</td> </tr> <tr> <td>Paddock</td> <td>\$ 300 x _____ = \$ _____</td> </tr> <tr> <td>RV Hookup</td> <td>\$ 250 x _____ = \$ _____</td> </tr> <tr> <td>VIP Table</td> <td>\$ 500 x _____ = \$ _____</td> </tr> <tr> <td>Total Amount Enclosed</td> <td>\$ _____</td> </tr> </table>										WEEKLY FEES	Horse Deposit	\$ 50 x _____ = \$ _____	Jumper Nomination	\$ 175 x _____ = \$ _____	Grand Prix Nomination (Class 420)	\$ 250 x _____ = \$ _____	Weekly Stall	\$ 175 x _____ = \$ _____	Late Weekly Stall	\$ 200 x _____ = \$ _____	Permanent Stabling Silver	\$ 250 x _____ = \$ _____	Permanent Stabling Gold	\$ 350 x _____ = \$ _____	Ship-in	\$ 50 x _____ = \$ _____	Paddock	\$ 300 x _____ = \$ _____	RV Hookup	\$ 250 x _____ = \$ _____	VIP Table	\$ 500 x _____ = \$ _____	Total Amount Enclosed	\$ _____
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Horse Watch Service Fee of \$12 per horse will be billed at the show.																																		

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