

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

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

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

**USEF ENTRY AGREEMENT**

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.

**USEF Equestrian 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 Saugerties 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, 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 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.  
**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 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.  
**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	\$ 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	\$ _____

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: _____	<b>OFFICE USE</b>
	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: _____ (if applicable)	
	Print Name: _____	Print Name: _____		Print Name: _____ Emerg. Contact Phone# _____	