



OWNER				RIDER ONE				TRAINER			
Owner Name				Trainer Name							
Address				Farm Name							
Address				Address							
City				City							
Cell				Cell							
Email				Email							
EC #				EC #							
<input type="checkbox"/> USEF # USHJA # <input type="checkbox"/> USEF # USHJA #				<input type="checkbox"/> USEF # USHJA # <input type="checkbox"/> USEF # USHJA #				<input type="checkbox"/> USEF # USHJA # <input type="checkbox"/> USEF # USHJA #			
RECIPIENT OF PRIZE MONEY AWARDS				PAYABLE TO				MISC. FEES			
Name of Individual				HITS, 319 Main Street				USEF Drug: \$15			
OR Corporation				Saugerties, NY 12477				USEF Fee: \$8			
OR				845.246.8833				USHJA Fee: \$7			
SS# - - - - - Fed ID # - - - - -				<b>CANADIAN EXHIBITORS</b> CHECK MUST BE PRE-PRINTED "U.S. FUNDS"				USEF SP: \$45			
Address								USHJA SP: \$30			
City/State/Zip				<input type="checkbox"/> TRainers - Need to order Track Stalls, Paddock, RVs, feed/shavings, or do splits? <input type="checkbox"/> See "Trainer's Barn Account" under Entry Procedures in Rules and Regs for "how to".				HORSES ARRIVE:			
OFFICE USE ONLY				HORSE NAME				RIDERS			
USEF HORSE #				USEF HORSE #				RIDERS			
USEF HORSE #				USEF HORSE #				RIDERS			
Check box if horse is NON-SHOWING <input type="checkbox"/>				RIDER ONE <input type="checkbox"/> RIDER TWO <input type="checkbox"/>				RIDER ONE CLASSES RIDER TWO CLASSES			
COLOR	SEX	HT.	YEAR OF BIRTH	HORSEPOONY SM MD LG	EC HORSE #	RIDERS		RIDERS		RIDERS	
I have read the USEF Entry Agreement (GR 906.4) as printed in the Prize List for this Competition and agree to all 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 from the competition, and agree that any actions against the Federation must be brought in New York State.				<b>Federation Release, Assumption of Risk, Waiver and Indemnification</b> This document waives important legal rights. Read it carefully before signing.				<b>WEEKLY FEES</b> Horse Deposit \$50 x _____ = \$ _____ Jumper Nomination \$175 x _____ = \$ _____ Weekly Stall - Permanent \$250 x _____ = \$ _____ Ship-in / Grounds Fee \$50 x _____ = \$ _____ (per week) Paddock \$250 x _____ = \$ _____ RV Hookup \$275 x _____ = \$ _____ <b>Total Amount Enclosed</b> \$ _____ Office Fee of \$25 per horse will be billed at the show.			
I AGREE in consideration for my participation in this Competition HTS Culpeper Series to the following: I AGREE that "the Federation" and "Competitor" 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				I represent that I have the requisite training, coaching and abilities to safely compete in this competition. I AGREE that if I am injured on the showgrounds prior to, during or after 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. <b>BY SIGNING BELOW, I AGREE</b> to be bound by all applicable Federation Rules, and all terms and provisions of this entry blank and all terms and provisions of this prize list. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.				<b>OFFICE USE</b> SIGNATURE: _____ Print Name: _____ COACH SIGNATURE: _____ Print Name: _____ Emerg. Contact Phone# _____			
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 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				<b>MANDATORY</b> SIGNATURE: _____ Print Name: _____ PARENT/GUARDIAN SIG.: _____ Print Name: _____				<b>MANDATORY</b> SIGNATURE: _____ Print Name: _____ SIGNATURE: _____ Print Name: _____			