

CHASE MEADOWS FARM HORSE SHOW						DATE:					
Name of Horse		USEF/ ID#	Color	Sex	Height	Age	Green Year		Circle Size		
							1 st	2nd	Sm	Med	Lg
Rider		Age	USEF #	ASPCA #	Classes						
#1											
Rider		Age	USEF #	ASPCA #	Classes						
#2											

United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) 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.

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 to the following:

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 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, 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 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. BOD 1/23/11 Effective 12/1/11

Rider/Driver/Handler (mandatory)	Owner/Agent (mandatory)	Trainer (mandatory)	Coach (If applicable)
Signature _____	Signature _____	Signature _____	Signature _____
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____			
Print Parent/Guardian Name: _____			
EMERGENCY CONTACT PHONE NUMBER _____			
Is Rider/Driver/Vaulter a U.S. Citizen: <u> </u> yes <u> </u> no			

Owner	Rider #1	Trainer	Total Fees
Name _____	Name _____	Name _____	Federation Fee @ \$8 Drugs & Medication Fee @ \$8 <u> \$16.00 </u>
Address _____	Address _____	Address _____	
Phone # _____	Phone # _____	Phone # _____	
USEF# _____	USEF# _____	USEF# _____	USEF Non Member Fee @ \$30 _____ USHJA Non Member Fee @ \$30 _____
Taxpayer Information (for Prize Money)	Rider #2	CHECKS PAYABLE TO:	Office Fee @ \$20 <u> \$20.00 </u> TOTAL FEES _____
Name _____	Name _____	CHASE MEADOWS FARM 315 Mills Road North Salem, NY 10560	
Address _____	Address _____		
Phone # _____	USEF # _____		
SSN # _____	Signature X _____		