



BRIDLE #

COMPETITION NAME _____ COMPETITION DATES _____

NAME OF HORSE		PREVIOUS NAME (IF ANY)		USEF#	USDF#	FOR SALE
BREED	SEX	HEIGHT	COLOR	COGGINS DATE (ENCLOSED COPY)	SIRE	DAM
DAM'S SIRE		COUNTRY OF BIRTH	YEAR OF BIRTH	BREEDER	FEI/PASSPORT #	GROOM

RIDER/HANDLER Text

USEF# _____ USDF# _____ FEI/LOCAL# _____

ADDRESS _____

CITY/ST/ZIP _____

CELL PHONE _____ JR/YOUNG RIDER BIRTHDAY _____

EMAIL ADDRESS _____

RIDER CITIZENSHIP (IF NOT USA) _____

RIDER STATUS (CIRCLE ONE): JR/YG AA OPEN

OWNER

USEF# _____ USDF# _____ LOCAL# _____

ADDRESS _____

CITY/ST/ZIP _____

CELL PHONE _____

EMAIL ADDRESS _____

OWNER CITIZENSHIP (IF NOT USA) _____

TRAINER

USEF# _____ USDF# _____ LOCAL# _____

ADDRESS _____

CITY/ST/ZIP _____

CELL PHONE _____

EMAIL ADDRESS _____

COACH

USEF# _____ USDF# _____ LOCAL# _____

ADDRESS _____

CITY/ST/ZIP _____

Please Fill Out Both Sides of This Form. Reverse side MUST be SIGNED.

CLASS No.	DIVISION	CLASS DESCRIPTION	QUAL Y/N	FEES
123	2			50
				50

SUBTOTAL CLASS FEES AND QUALIFYING FEES	\$0.00
USEF NON-MEMBER FEES \$30 PER NON-MEMBER	
USDF NON MEMBER FEE \$25 PER NON-MEMBER	
OFFICE FEE AND/OR BRIDLE # FEE	
USEF HORSE FEES \$8 USEF FEE + \$8 DRUG FEE = \$16.00	
CDI HORSE FEES \$8 USEF FEE + \$ 20 DRUG FEE = \$28.00	
IHP DISCIPLINE FEE (\$35 IF REQUIRED)	
STABLING FEES ____ STALL @ \$____/STALL	\$0.00
TACK STALLS ____ STALL @ \$____/STALL	\$0.00
BEDDING ____ BALES @ \$____/BALE	\$0.00
NON COMPETING HORSE FEE	
SPONSORSHIP	
GROUNDS FEE OR OTHER FEES _____	
OTHER _____	
LATE/CHANGE/BANK CHARGES FOR CC	
TOTAL FEES	\$0.00

Stabling Information & Special Requests: Please list only ONE name (either individual or barn) for entire group (so we can get everyone together)

Group/Self	Tue	Wed	Thu	Fri	Sat	Sun	Mon
Stalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tack Stalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stable Group: _____ Contact: _____

I hereby agree to release, indemnify and hold harmless USDF, its instructors, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities. I also hereby agree to release, indemnify and hold harmless the competition licensee, show management, competition staff, show committee and members, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities.

Federation Entry Agreement Effective

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of the Competition. I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the Competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable-casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the Competition for the promotion, coverage or benefit of the Competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

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 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, vaultor, 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 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. Copied from USEF website 11/14/2013

OWNER'S/AGENT'S SIGNATURE (MANDATORY)	RIDER/HANDLER SIGNATURE (MANDATORY)	TRAINER'S SIGNATURE (MANDATORY)	COACH'S SIGNATURE (IF APPLICABLE)
PRINT NAME	PRINT NAME	PRINT NAME	PRINT NAME

PARENT/GUARDIAN SIGNATURE IF RIDER/DRIVER/TRAINER/HANDLER/VAULTOR/LONGEUR IS UNDER 18	PRINT PARENT/GUARDIAN NAME

RIDER EMERGENCY CONTACT INFORMATION	
NAME OF CONTACT/RELATIONSHIP:	PHONE:

FILL OUT ONLY IF THE COMPETITION YOU ENTER ON THIS ENTRY FORM OFFERS CERTAIN USE OF CHARGE CARDS!! (Check in the prize list or individual competition requirements)	
<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX
CARD NO. _____ - _____ - _____	EXP DATE _____
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Other _____
NAME ON CARD: _____	CVV # _____
BILLING ADDRESS _____	ZIP CODE _____