

Entries close 9/18/17 MAIL TO: Showplace Productions PO Box 290 Gilberts, Illinois 60136-0290		<h2 style="margin: 0;">Minnesota Harvest Horse Show</h2> <p style="margin: 0;">October 3 – 8, 2017</p> <p style="margin: 0; font-size: small;">All entry fees and stall rentals must accompany entry blanks. (EVERY HORSE ON THE GROUNDS MUST BE OFFICIALLY ENTERED ON AN ENTRY FORM)          No money will be refunded without a Veterinary Certification. Stall fees are non-refundable</p>				#
<b>HORSE</b>	NAME: _____ USEF/USHJA# _____ GREEN YEAR _____ SIZE:      HEIGHT:                      COLOR:                      SEX:      YEAR:                      BREED:                      COUNTRY:				<b>UNITED STATES EQUESTRIAN FEDERATION, INC.</b> <b>ENTRY AGREEMENT</b> 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. <i>Release, Assumption of Risk, Waiver and Indemnification - this document waives important legal rights. Read it carefully before signing.</i> 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.	
	<b>OWNER</b>	NAME: _____ USEF: _____ IHJA: _____ SSN: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ (H/O/M) FAX: _____ EMAIL: _____ OTHER PAYEE NAME: _____ SSN: _____ PHONE: _____ OTHER PAYEE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____				
<b>RIDER 1</b>		NAME: _____ USEF: _____ IHJA: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	Div #	Class #s	FEES # Stalls _____ \$250 \$ _____ USEF non member \$30 \$ _____ USHJA non member \$30 \$ _____ USEF Fee (\$8dru/\$8adm) \$16 <b>\$16</b> USHJA Fee \$7 <b>\$7</b> Office: \$50 <b>\$50</b> Medic Fee: \$15 <b>\$15</b> Night Watch Fee \$15 <b>\$15</b> Jumper Nominating Fee \$175 \$ _____ Late fee/Incomplete Fee \$30 \$ _____ Camper Fee \$250 \$ _____ Non showing fee \$100 \$ _____ Trailer in fee \$75 \$ _____ Total Amount Due/Enclosed: \$ _____ Check # _____ Pay to MHJA	
<b>RIDER 2</b>	NAME: _____ USEF: _____ IHJA: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	Div #	Class #s			
<b>RIDER 3</b>	NAME: _____ USEF: _____ IHJA: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	Div #	Class #s			
<b>TRAINER</b>	NAME: _____ USEF: _____ IHJA: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ (H/O/M) FAX: _____ EMAIL: _____ STABLE WITH (IF NOT TRAINER): _____					
Rider/Driver/Handler/Vaulter/Longeur (mandatory) Signature: _____ Print Name: _____	Owner/Agent (mandatory) Signature: _____ Print Name: _____	Trainer (mandatory) Signature: _____ Print Name: _____	Coach (if applicable) Signature: _____ Print Name: _____			
Parent/Guardian Signature: (Required for minors) _____ No. _____		Print Parent/Guardian Name: _____		Emergency Contact _____		
Is Rider/Driver/Vaulter a U.S. Citizen:      Yes      No						