

#	Name of Horse	USEF #	Color	Sex	Ht.	Age	Green Year	Horse/Pony	SHOW DATE:
							1st 2nd	Sm Med Lg	
Name of Rider	Age	USEF #	ASPCA #	DIVISION NAME		CLASS NUMBERS			
Name of Rider	Age	USEF #	ASPCA #	DIVISION NAME					
<b>OWNER OR AUTHORIZED AGENT</b>									
Owner:	Rider:		Trainer:		Entry Fees:				
Address:	Address:		Address:		Office/EMT Fee \$15				
Phone #:	Phone #:		Phone #:						
USEF #:	USEF #:		USEF #:						
<b>Taxpayer Information (For Prize Money Awarded):</b>									
Name:	SS# or Fed ID #:		Mailing Address						

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, director 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 or 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 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 the Competition, I am subject to Federation Rules, 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. Federation Release, Assumption of Risk, Waiver, and Indemnification. This document waives important legal rights. Read it carefully before signing. I AGREE that in consideration for my participation in the 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 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. I further agree that I am subject to the Equine Liability Laws of the state in which I am competing, and agree to be in compliance with all local, state and federal rules, regulations and laws governing my participation in equestrian activities.

OWNER or AGENT (mandatory):	RIDER (mandatory):	TRAINER (mandatory):	COACH (if applicable):
Signature: _____	Signature: _____	Signature: _____	Signature: _____
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Parent/Guardian Signature (required if rider/handler is a minor): _____			
Is Rider/Driver/Vaultor a U.S. Citizen? YES _____ NO _____			
<b>EMERGENCY CONTACT INFORMATION: Name:</b> _____		<b>phone:</b> _____	
Payment _____		Amount: _____	

**Total Due**

**Meas. Card**

**Member Cards** COGGINS

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