

2011		Bridle # _____
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Competition Name

Competition Dates

Name of Horse			Previous Name (if any)		For Sale?	Breed Registry		Sex
Height	Color	Coggins Date (Enclose Copy)		Sire		Dam		
Dam's Sire		Country of Birth	Date of Birth	Breeder		Passport #	Groom	
Horse		Rider/Handler		Owner		Trainer		Coach
USEF#	USEF #	USEF#	USEF#	USEF#		USEF#		
USDF	USDF	USDF	USDF	Please enclose copies of all membership cards and registrations.				
LOCAL or FEI#	LOCAL or FEI#	LOCAL or FEI#	LOCAL or FEI#					
Class No.	Division	Class Description		Qualifying Y/N		Fees		

Owner _____
 Address _____
 City/St/Zip/Country _____
 Phone _____ Cell Phone: _____
 Email Address _____
 Owner Citizenship (If Not USA) _____
 TIN/SSN (Required for Prize Money) _____

Rider/Handler _____
 Address _____
 City/St/Zip/Country _____
 Phone _____ Cell Phone: _____
 Email Address _____
 Rider Citizenship (If Not USA) _____
 Jr/Young Rider Birthday _____ Willing to Volunteer? _____
 Rider Status (circle one): JR/YR AA Open

Trainer _____
 Address _____
 City/St/Zip/Country _____
 Phone _____ Cell Phone: _____
 Email Address _____

Subtotal Class Fees	
USDF Non Member Fee <small>(\$25 – paid for each rider and/or owner if no USDF card is attached to entry)</small>	
USDF Affidavit Fee <small>(\$5 – paid when a USDF affidavit is used in place of proof of USDF membership or registration)</small>	
USEF Non-Member Fee <small>(\$30 – paid for each rider and/or owner and/or trainer if no USEF card is attached to entry)</small>	
USEF Horse Fees <small>\$8 USEF Fee + \$7 Drug Fee = \$15.00</small> OR...	
CDI Horse Fees <small>\$8 USEF Fee + \$15 Drug Fee = \$23</small> (Each horse must pay one of these fees once at each show.)	
IHP Discipline Fee (\$35 if required)	
Office Fee	
Stabling Fees ___ Stall @ \$ ___ / Stall	
Tack Stalls ___ Stall @ \$ ___ / Stall	
Bedding Fees ___ Bales @ \$ ___ / Bale	
Late/Change/Bank Charges for CC	
RV/Camping Fee ___ Days @ \$ ___ /Day	
Grounds Fee or Other Fees _____	
Non Compete Horse Fee (if applicable)	
Donations & Sponsorships	
TOTAL FEES	

**Please Fill Out Both Sides of This Form.
See Other Side for Stabling Requests.**

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

Name of Group:	Tues	Wed	Thur	Fri	Sat	Sun	Mon
Stalls							
Tack Stalls							

United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR908.6) 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.

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 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.

Warning: FOR TEXAS SHOWS under Texas law (chapter 87, Civil Practice and Remedy Code), an equine professional is not liable for injury to or death of a participant in equine activities resulting from the inherent risk of equine activities.

Owner/Agent 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/VAULTER/LONGEUR IS UNDER 18	Print Parent/Guardian Name

Rider Emergency Contact Information	
Name of Contact/Relationship:	Phone:

FILL OUT ONLY IF USING A CHARGE CARD – **VISA AND MC ONLY** – NO AMEX or DISCOVER!!

VISA or MC CARD NO. _____ 3 Digit _____ EXP DATE _____

NAME ON CARD: _____ ZIP CODE _____