

OWNER	RIDER ONE	TRAINER
Owner Name	Rider Name	Trainer Name
Address	Address	Farm Name
Address	City St Zip	Address
City St Zip	Email	City St Zip
Email	Cell B Day MM/DD/YY USEF Age	Email
Cell	EC # <input type="checkbox"/> USEF # USHJA # <input type="checkbox"/>	Cell

RECIPIENT OF PRIZE MONEY AWARDS	RIDER TWO	PAYABLE TO	MISC. FEES	HORSES ARRIVE:
Name of Individual OR Corporation	Rider Name	HITS, 319 Main Street Saugerties, NY 12477 845.246.8833 CANADIAN EXHIBITORS CHECK MUST BE PRE-PRINTED "U.S. FUNDS"	USEF Drug: \$15	
SS# Fed ID #	Address		USEF Fee: \$8	
Address	City St Zip		USHJA Fee: \$7	STABLE WITH:
City/St/Zip	Email		FEI Fee: \$25	
	Cell B Day MM/DD/YY USEF Age		USEF Show Pass: \$45	
	EC # <input type="checkbox"/> USEF # USHJA # <input type="checkbox"/>		USHJA Show Pass: \$30	
			Horse Watch: \$15	

OFFICE USE ONLY	HORSE NAME	USEF HORSE #	RIDERS	CIRCLE	CLASSES
		USEF HORSE # <input type="checkbox"/> RIDER ONE		Jr Am Pro	RIDER ONE CLASSES
	COLOR SEX HT. YEAR OF BIRTH HORSE/PONY SM MD LG	EC HORSE # <input type="checkbox"/> RIDER TWO		Jr Am Pro	RIDER TWO CLASSES

USEF ENTRY AGREEMENT		WEEKLY FEES																																																
<p>I have read the USEF Entry Agreement (GR 906.4) 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.</p> <p style="text-align:center;">Federation Release, Assumption of Risk, Waiver and Indemnification This document waives important legal rights. Read it carefully before signing.</p> <p>I AGREE in consideration for my participation in this Competition HITS Saugerties Series 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, 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 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 on the showgrounds prior to, during or after 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 on the showgrounds prior to, during or after 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.</p>		<table style="width:100%;"> <tr> <td>Horse Deposit</td> <td>\$ 50</td> <td>x _____</td> <td>= \$ _____</td> </tr> <tr> <td>Jumper Nomination</td> <td>\$200</td> <td>x _____</td> <td>= \$ _____</td> </tr> <tr> <td>Weekly Stall</td> <td>\$250</td> <td>x _____</td> <td>= \$ _____</td> </tr> <tr> <td>Weekly Stall Late</td> <td>\$275</td> <td>x _____</td> <td>= \$ _____</td> </tr> <tr> <td>Permanent Stall Silver</td> <td>\$300</td> <td>x _____</td> <td>= \$ _____</td> </tr> <tr> <td>Permanent Stall Silver Late</td> <td>\$325</td> <td>x _____</td> <td>= \$ _____</td> </tr> <tr> <td>Permanent Stall Gold</td> <td>\$375</td> <td>x _____</td> <td>= \$ _____</td> </tr> <tr> <td>Permanent Stall Gold Late</td> <td>\$400</td> <td>x _____</td> <td>= \$ _____</td> </tr> <tr> <td>Paddock</td> <td>\$250</td> <td>x _____</td> <td>= \$ _____</td> </tr> <tr> <td>RV Hookup</td> <td>\$300</td> <td>x _____</td> <td>= \$ _____</td> </tr> <tr> <td>Legend Club Table</td> <td>\$4,000</td> <td>x _____</td> <td>= \$ _____</td> </tr> <tr> <td>Total Amount Enclosed</td> <td></td> <td></td> <td>\$ _____</td> </tr> </table>	Horse Deposit	\$ 50	x _____	= \$ _____	Jumper Nomination	\$200	x _____	= \$ _____	Weekly Stall	\$250	x _____	= \$ _____	Weekly Stall Late	\$275	x _____	= \$ _____	Permanent Stall Silver	\$300	x _____	= \$ _____	Permanent Stall Silver Late	\$325	x _____	= \$ _____	Permanent Stall Gold	\$375	x _____	= \$ _____	Permanent Stall Gold Late	\$400	x _____	= \$ _____	Paddock	\$250	x _____	= \$ _____	RV Hookup	\$300	x _____	= \$ _____	Legend Club Table	\$4,000	x _____	= \$ _____	Total Amount Enclosed			\$ _____
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OWNER/AGENT	RIDER/HANDLER	TRAINER	OFFICE USE
SIGNATURE: _____ Print Name: _____	SIGNATURE: _____ Print Name: _____	SIGNATURE: _____ Print Name: _____	Office Fee of \$50 and Horse Watch Service Fee of \$15 per horse will be billed at the show
(Required if Rider/Handler is a minor) PARENT/GUARDIAN SIG.: _____ Print Name: _____	SIGNATURE: _____ Print Name: _____	COACH SIGNATURE: _____ (if applicable) Print Name: _____ Emerg. Contact Phone# _____	
	Is Rider a U.S. Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>	Is Rider a U.S. Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>	