

OWNER			RIDER ONE				TRAINER			
Owner Name			Rider Name				Trainer Name			
Address			Address				Farm Name			
Address			City		St	Zip	Address			
City			St	Zip	Cell	Circle One	Jr	Am	Pro	
Cell			Email				Cell			
Email			EC # <input type="checkbox"/>		USEF # <input type="checkbox"/>		Email <input type="checkbox"/>			
EC # <input type="checkbox"/>			USEF # <input type="checkbox"/>		USHJA # <input type="checkbox"/>		EC # <input type="checkbox"/>			
USEF # <input type="checkbox"/>			USHJA # <input type="checkbox"/>		RIDER TWO				USEF # <input type="checkbox"/>	
USHJA # <input type="checkbox"/>			Rider Name				USEF # <input type="checkbox"/>		USHJA # <input type="checkbox"/>	
RECIPIENT OF PRIZE MONEY AWARDS			Address				PAYABLE TO		MISC. FEES	
Name of Individual			OR Corporation				HITS, 319 Main Street		USEF Drug: \$15	
SS#			OR Fed ID #				Saugerties, NY 12477		USEF Fee: \$8	
Address			City				845.246.8833		USHJA Horse Fee: \$7	
City/St/Zip			Cell				CANADIAN EXHIBITORS		USEF SP Fee: \$45	
			Email				CHECK MUST BE		USHJA SP Fee: \$30	
			EC # <input type="checkbox"/>				PRE-PRINTED "U.S. FUNDS"		HORSES ARRIVE:	
			USEF # <input type="checkbox"/>				TRAINERS – Need to order Tack Stalls, Paddocks, RVs, feed/shavings, or do splits?		STABLE WITH:	
			USHJA # <input type="checkbox"/>				See "Trainer's Barn Account" under Entry Procedures in Rules and Regs for "how to".			

OFFICE USE ONLY	HORSE NAME					USEF HORSE #	RIDERS			CLASSES	
						USEF HORSE # <input type="checkbox"/>	RIDER ONE			RIDER ONE CLASSES	
	COLOR	SEX	HT.	YEAR OF BIRTH	HORSE/PONY SM MD LG	Check box if horse is NON-SHOWING <input type="checkbox"/>	EC HORSE # <input type="checkbox"/>	RIDER TWO			RIDER TWO CLASSES

USEF ENTRY AGREEMENT

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.

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 HITS Ocala 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, 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.

WARNING UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. FLA. STAT. S 773.04 (1993)

Stalls, RV's Paddocks & Horse Deposit are Non Refundable after Jan 2, 2019

WEEKLY FEES	WINTER	CIRCUIT
Horse Deposit	\$ 50 x _____ = \$ _____	
Jumper Nomination	\$ 200 x _____ = \$ _____	
Grand Prix Nomination (Cl 420)	\$ 250 x _____ = \$ _____	
Ship In / Grounds Fee	\$ 100 x _____ = \$ _____	
Weekly Stall	\$ 225 x _____ = \$ _____	
Late Weekly Stall	\$ 275 x _____ = \$ _____	
Paddock	\$ 300 x _____ = \$ _____	
RV Hookup (incl Tax)	\$ 333 x _____ = \$ _____	
VIP Table	\$ 750 x _____ = \$ _____	
Permanent Barn Stall	x _____ (mark quantity of stalls only)	
Private Barn Stall	x _____ (mark quantity of stalls only)	
CIRCUIT ITEMS (January 13 - March 25) mark quantity ordered		
Circuit Stall	x _____	
Circuit Stall Late	x _____	
Circuit RV	x _____	
Circuit Paddock	x _____	
Circuit VIP Table	x _____	
Total Amount Enclosed	\$ _____	
Office Fee of \$25 per horse will be billed at the show.		

MANDATORY	OWNER/AGENT	RIDER/HANDLER	TRAINER
	SIGNATURE: _____	SIGNATURE: _____	Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>
	Print Name: _____	Print Name: _____	SIGNATURE: _____
	(Required if Rider/Handler is a minor)		Print Name: _____
PARENT/GUARDIAN SIG.: _____	SIGNATURE: _____	Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>	
Print Name: _____	Print Name: _____	COACH SIGNATURE: _____ (if applicable)	
		Print Name: _____	
		Emerg. Contact Phone# _____	