



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"/>		USHJA # <input type="checkbox"/>		

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

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		<input type="checkbox"/>	RIDER TWO				RIDER TWO CLASSES	
					SM MD LG	Check box if horse is NON-SHOWING <input type="checkbox"/>							

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** 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		
	Horse Deposit	\$ 50 x _____ = \$ _____
	Jumper Nomination	\$ 200 x _____ = \$ _____
	Grand Prix Nomination (CI 420)	\$ 400 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 _____ = \$ _____
WINTER	Permanent Barn Stall	x _____ (mark quantity of stalls only)
	Private Barn Stall	x _____ (mark quantity of stalls only)
CIRCUIT	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.	

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# _____

MANDATORY

OFFICE USE