

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

OFFICE USE ONLY	HORSE NAME				USEF HORSE #		RIDERS			CLASSES	
					USEF HORSE # <input type="checkbox"/>	RIDER ONE			<div style="font-size: 2em; font-weight: bold;">620. Great American \$1 Million Grand Prix</div>		
	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			

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)



Fees Due with this Entry Form:
(Please use Week X Entry Blank to order Horse Stall.)

Great American Million Entry Fee	\$3,500	x	1	= \$	3,500
USEF Drug/Horse Fee	\$30	x	1	= \$	30
Sub Total					\$ 3,530
VIP Table	\$4,000	x		= \$	
Total Amount Enclosed					\$

Office Fee of \$25 per horse will be billed at the show.

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