

| 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"/> | | USHJA # <input type="checkbox"/> | | Email | | | | | | | | | |
| EC # <input type="checkbox"/> | | | | USEF # <input type="checkbox"/> | | USHJA # <input type="checkbox"/> | | EC # <input type="checkbox"/> | | | | USEF # <input type="checkbox"/> | | USHJA # <input type="checkbox"/> | | | | | |
| RECIPIENT OF PRIZE MONEY AWARDS | | | | RIDER TWO | | | | PAYABLE TO | | | | MISC. FEES | | | | | | | |
| Name of Individual OR Corporation | | | | Rider Name | | | | HITS, 319 Main Street Saugerties, NY 12477 845.246.8833 | | | | USEF Drug: \$15 USEF Fee: \$8 USHJA Horse Fee: \$7 USEF SP Fee: \$45 USHJA SP Fee: \$30 | | | | HORSES ARRIVE: STABLE WITH: | | | |
| SS# - - - - - OR Fed ID # - - - - - | | | | Address | | | | | | | | | | | | | | | |
| Address | | | | City | | | | CANADIAN EXHIBITORS CHECK MUST BE PRE-PRINTED "U.S. FUNDS" | | | | 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". | | | | | | | |
| City/ST/Zip | | | | Cell | | | | | | | | | | | | | | | |
| City/ST/Zip | | | | EC # <input type="checkbox"/> | | USEF # <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 SM MD LG | Check box if horse is NON-SHOWING <input type="checkbox"/> | | EC HORSE # <input type="checkbox"/> | | RIDER TWO | | | | RIDER TWO CLASSES | | | |

ENTRY AGREEMENT

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)

USEF: 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.

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

| WEEKLY FEES | Item | Amount |
|-------------|--|--|
| | Horse Deposit | \$ 50 x _____ = \$ _____ |
| | Jumper Nomination | \$ 200 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 | \$4,000 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.

| OWNER/AGENT | RIDER/HANDLER | TRAINER | OFFICE USE |
|---|-------------------|--|------------|
| SIGNATURE: _____ | SIGNATURE: _____ | SIGNATURE: _____ | |
| Print Name: _____ | Print Name: _____ | Print Name: _____ | |
| (Required if Rider/Handler is a minor) PARENT/GUARDIAN SIG.: _____ | SIGNATURE: _____ | COACH SIGNATURE: _____ (if applicable) | |
| Print Name: _____ | Print Name: _____ | Print Name: _____ Emerg. Contact Phone# _____ | |