



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
Cell		Email				Cell	
Email		EC #	<input type="checkbox"/>	USEF #	<input type="checkbox"/>	Email	
EC #		<input type="checkbox"/>	USEF #	<input type="checkbox"/>	USHJA #	<input type="checkbox"/>	USHJA #
RECIPIENT OF PRIZE MONEY AWARDS		RIDER TWO				PAYABLE TO	
Name of Individual		Rider Name				HITS, 319 Main Street Saugerties, NY 12477 845.246.8833	
OR Corporation		Address					
SS#		City				CANADIAN EXHIBITORS CHECK MUST BE PRE-PRINTED "U.S. FUNDS"	
OR Fed ID #		St					
Address		Cell				USEF Drug: \$15 USEF Fee: \$8 USHJA Horse Fee: \$7 USEF SP Fee: \$45 USHJA SP Fee: \$30	
City/St/Zip		Email					
		EC #				HORSES ARRIVE: STABLE WITH:	
		<input type="checkbox"/>				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 #	RIDER ONE	RIDERS		CLASSES
	COLOR	SEX	HT.	YEAR OF BIRTH	HORSE/PONY SM MD LG	USEF HORSE #	<input type="checkbox"/>	RIDER ONE		RIDER ONE CLASSES
						EC HORSE #	<input type="checkbox"/>	RIDER TWO		RIDER TWO CLASSES
										Stalls, RV's Paddocks & Horse Deposit are Non Refundable after Jan 2, 2019

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.

WEEKLY FEES	Horse Deposit	\$ 50 x _____ = \$ _____
Jumper Nomination	\$ 200 x _____ = \$ _____	
Grand Prix Nomination (CI 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	CIRCUIT ITEMS (January 13 - March 25)	
	Check box if you are ordering Circuit Items but will not arrive until a later show week <input type="checkbox"/>	
Circuit Stall	\$1,000 x _____ = \$ _____	
Circuit Stall Late	\$1,500 x _____ = \$ _____	
Circuit RV (incl Tax)	\$3,330 x _____ = \$ _____	
Circuit Paddock	\$3,000 x _____ = \$ _____	
Circuit VIP Table	\$9,000 x _____ = \$ _____	
WINTER	EARLY ARRIVAL (prior to Sunday, January 13)	
	_____ Stalls x \$20 per night x _____ nights = \$ _____	
	_____ RVs x \$50 per night x _____ nights = \$ _____	
	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: _____	COACH SIGNATURE: _____ (if applicable)
	Print Name: _____	Print Name: _____	Print Name: _____
			Emerg. Contact Phone# _____