



OWNER		RIDER ONE		TRAINER	
Owner Name	Rider Name	Trainer Name	USEF #	USHJA #	
Address	Address	Address	USEF Drug: \$15	USEF Fee: \$8	USHJA Horse Fee: \$7
City	City	City	USEF SP Fee: \$45	USHJA SP Fee: \$30	
St	St	St	MISC. FEES		
Zip	Zip	Zip	USEF Drug: \$15	USEF Fee: \$8	USHJA Horse Fee: \$7
Circle One	Circle One	Circle One	USEF SP Fee: \$45	USHJA SP Fee: \$30	
Jr	Jr	Jr	PAYABLE TO		
Am	Am	Am	HITS, 319 Main Street	Saugerties, NY 12477	
Pro	Pro	Pro	845.246.8833		
			CANADIAN EXHIBITORS		
Cell	Cell	Cell	CHECK MUST BE PRE-PRINTED "U.S. FUNDS"		
Email	Email	Email	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".		
EC #	EC #	EC #	CLASSES		
USEF #	USEF #	USEF #	RIDER ONE CLASSES		
USHJA #	USHJA #	USHJA #	620. Great American \$1 Million Grand Prix		
RECIPIENT OF PRIZE MONEY AWARDS		RIDER TWO		RIDERS	
Name of Individual	Rider Name	USEF HORSE #	USEF HORSE #	USHJA #	
OR Corporation	Address	EC HORSE #	EC HORSE #	USHJA #	
City	City	Circle One	Circle One	Jr	Am
St	St	Jr	Jr	Am	Pro
Zip	Zip	Am	Am	Pro	
Circle One	Circle One	Pro	Pro		
Jr	Jr				
Am	Am				
Pro	Pro				

OFFICE USE ONLY	HORSE NAME	RIDER ONE	RIDER TWO
COLOR	HT.	USEF HORSE #	EC HORSE #
SEX	YEAR OF BIRTH	EC HORSE #	USHJA #
SM	HT.	EC HORSE #	USHJA #
MD	YEAR OF BIRTH	EC HORSE #	USHJA #
LG	HT.	EC HORSE #	USHJA #
CHECK BOX if horse is NON-SHOWING		EC HORSE #	USHJA #

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 the Competition and to hold them harmless with respect to claims for Harm to me or my horse.

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.

ENTRY AGREEMENT

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.



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.

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