



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	City St Zip			
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"/>	EC #		
<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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

USEF ENTRY AGREEMENT Stalls, RV's Paddocks & Horse Deposit are Non Refundable after May 15, 2019

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 Chicago Series 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 resulted, 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	\$175	x _____	= \$ _____
	Perm Stall 1/2 Mile Barn	\$250	x _____	= \$ _____
	Perm Stall Gold Barns	\$250	x _____	= \$ _____
	Perm Stall Paddock Club	\$250	x _____	= \$ _____
	Storage Room	\$250	x _____	= \$ _____
	Trainers: For every 10 stalls booked by Closing Date. One storage room is FREE!			
	Ship-In Fee/Grounds Fee	\$100	x _____	= \$ _____
	Non-Showing Fee	\$100	x _____	= \$ _____
	Paddock	\$250	x _____	= \$ _____
RV Hookup	\$300	x _____	= \$ _____	
Balmoral Apartment	\$300	x _____	= \$ _____	
VIP Club Table	\$1,500	x _____	= \$ _____	
Circuit Items - Weeks I through III				
Circuit Stall Silver		x _____	Mark Quantity of Circuit Items Ordered on Wk I Entry Blank	
Circuit Stall Gold		x _____		
Circuit Stall Paddock Club		x _____		
Circuit Storage Room		x _____		
Total Amount Enclosed			\$ _____	

OWNER/AGENT	RIDER/HANDLER	TRAINER	
SIGNATURE: _____	SIGNATURE: _____	SIGNATURE: _____	OFFICE USE
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# _____	

Office Fee of \$50 & Horse Watch Fee of \$15 per horse will be billed at the show.

MANDATORY