

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

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 Saugerties 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.

Stalls, RV's Paddocks & Horse Deposit are Non Refundable after June 26, 2019

WEEKLY FEES	Horse Deposit	\$ 50	x _____	= \$ _____	
	Jumper Nomination	\$200	x _____	= \$ _____	
	Weekly Stall	\$250	x _____	= \$ _____	
	Weekly Stall Late	\$275	x _____	= \$ _____	
	Permanent Stall Silver	\$300	x _____	= \$ _____	
	Permanent Stall Silver Late	\$325	x _____	= \$ _____	
	Permanent Stall Gold	\$375	x _____	= \$ _____	
	Permanent Stall Gold Late	\$400	x _____	= \$ _____	
	Paddock	\$250	x _____	= \$ _____	
	RV Hookup	\$300	x _____	= \$ _____	
	Legend Club Table	\$2,000	x _____	= \$ _____	
	Circuit Items - Weeks IV through VI				
	Circuit Stall Tent	\$700	x _____	= \$ _____	
	Circuit Stall Silver	\$800	x _____	= \$ _____	
	Circuit Stall Gold	\$1,000	x _____	= \$ _____	
Circuit RV Hookup	\$850	x _____	= \$ _____		
Total Amount Enclosed				\$ _____	

OFFICE USE

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

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