

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	
	Rider Name	EC # <input type="checkbox"/> USEF # <input type="checkbox"/> USHJA # <input type="checkbox"/>

RECIPIENT OF PRIZE MONEY AWARDS	PAYABLE TO	MISC. FEES
Name of Individual OR Corporation	HITS, 319 Main Street Saugerties, NY 12477 845.246.8833	USEF Drug: \$15 USEF Fee: \$8 USHJA Fee: \$7
SS# - - - - - OR Fed ID # - - - - -	CANADIAN EXHIBITORS CHECK MUST BE PRE-PRINTED "U.S. FUNDS"	USEF Show Pass: \$45 USHJA Show Pass: \$30 Horse Watch: \$15
Address		HORSES ARRIVE:
City/St/Zip		STABLE WITH:
EC # <input type="checkbox"/> USEF # <input type="checkbox"/> USHJA # <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 #	RIDERS	CLASSES
		USEF HORSE # <input type="checkbox"/>	RIDER ONE	RIDER ONE CLASSES
	COLOR SEX HT. YEAR OF BIRTH HORSE/PONY SM MD LG	EC HORSE # <input type="checkbox"/>	RIDER TWO	RIDER TWO CLASSES
		<input type="checkbox"/>		

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.

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		x _____		
	Circuit Stall Silver		x _____		
	Circuit Stall Gold		x _____		
Circuit RV Hookup		x _____			
Total Amount Enclosed				\$ _____	

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

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

OFFICE USE	
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