

ONE OWNER PER FORM USEF # _____ ASHA # _____
 UPHA # _____
 OWNER _____
 ADDRESS _____

 PHONE _____
 EMAIL _____
 PLEASE STABLE WITH _____

**CHAPTER 14 UPHA
 SPRING PREMIER
 HORSE SHOW**
 APRIL 19-22, 2017
 ENTRIES CLOSE MARCH 13, 2017
 POST ENTRY FEE
 \$25 PER HORSE
 AFTER MARCH 13, 2017

Please make checks payable to
 Chapter 14 - UPHA
 and return with this form to:
Linda Burke, Secretary
435 Middle Rd.
Horseheads NY 14845
 607-739-6169
 Email : LBURKE1177@yahoo.com

EB#

Entry #	Horse Name #1				Reg. #	Sex	DOB	Sire	Dam
					USDF				
	Classes				Shown By				
Entry #	Horse Name #2				Reg. #	Sex	DOB	Sire	Dam
					USDF				
	Classes				Shown By				
Entry #	Horse Name #3				Reg. #	Sex	DOB	Sire	Dam
					USDF				
	Classes				Shown By				

TOTALS

HORSE #1 _____
 HORSE #2 _____
 USEF DRUG FEE
 \$16 PER HORSE _____
 (INCLUDES \$8 D&M)
 HORSE STALLS
 _____ @ \$135 _____
 TOURNAMENT STALLS
 _____ @ \$135 _____
 CAMPER SPACE—30 AMP
 @ \$225 _____
 CAMPER SPACE—50 AMP
 @ \$275 _____
 USEF
 SHOW PASS
 FEE @ \$30 _____
 FRIESIAN
 NON-MEMBER
 JUNIOR @ \$20 _____
 SENIOR @ \$25 _____
 POST ENTRY
 PER HORSE
 @ \$25 _____
 OFFICE FEE
 PER HORSE
 @ \$20 _____
 BOX SEATS
 4 SEATS @ \$85 _____
 6 SEATS @ \$120 _____
 8 SEATS @ \$150 _____
TOTAL _____

Make checks payable to "Chapter 14 - UPHA"
Non-US checks must be marked "Payable in US Funds"
If you wish to charge your entries, please fill out the following:

VISA MC

EXPIRATION DATE _____ SEC CODE _____

SIGNATURE _____

Rider #1 _____
 Address _____
 City, State, ZIP _____
 USEF# _____ AMHA# _____ UPHA# _____
 Rider #2 _____
 Address _____
 City, State, ZIP _____
 USEF# _____ AMHA# _____ UPHA# _____

Not to be used for Tournament classes. Please see show section for this entry blank.

OFFICE USE ONLY

REG <input type="checkbox"/>	COG <input type="checkbox"/>	Rider #1 needs the following		Rider #2 needs the following		Owner needs the following		Trainer needs the following	
MEA.CARD <input type="checkbox"/>	SIG <input type="checkbox"/>	USEF# <input type="checkbox"/>	ASHA# <input type="checkbox"/>	USEF# <input type="checkbox"/>	ASHA# <input type="checkbox"/>	USEF# <input type="checkbox"/>	ASHA# <input type="checkbox"/>	USEF# <input type="checkbox"/>	ASHA# <input type="checkbox"/>
PD <input type="checkbox"/>	CC <input type="checkbox"/>	UPHA# <input type="checkbox"/>	Address <input type="checkbox"/>	UPHA# <input type="checkbox"/>	Address <input type="checkbox"/>	UPHA# <input type="checkbox"/>	Address <input type="checkbox"/>	UPHA# <input type="checkbox"/>	Address <input type="checkbox"/>
CK# _____									

UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT

Please use this form to list all your customers who are to be stabled with you, including those sent in separately. Requests from entries to be stables with you will not be considered unless their name appears on the list below.

Owners Name	# Stalls
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) 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.

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 to the following:

I AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

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 at 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 at this 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.

RIDER/DRIVER/HANDLER/ Vaulter/Longeur (mandatory)	OWNER/AGENT (mandatory)	TRAINER (mandatory)	COACH (if applicable)
_____	_____	_____	_____
Signature	Signature	Signature	Signature
_____	_____	_____	_____
Print Name	Print Name	Print Name	Print Name
_____	_____	_____	_____
_____	_____	ASHA _____	_____
_____	_____	USEF _____	_____

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor) _____

Is Rider/Driver/Vaulter a U.S. Citizen: Yes No Emergency Contact Phone No. _____

WARNING: Under Massachusetts Law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities. Pursuant to Chapter 128, Section 2D of the General Law.