

USHJA Zone 4 Pony Challenge

June 18 2018



Make checks payable to: Classic Company, Ltd.
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USEF Premier Event

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Please stable with (Trainer's Name): _____

In case of emergency during the show contact number: _____

_____ Stalls @ \$250 (\$225 if paid in full by closing date)

_____ Equine Nighttime Security @ \$20

_____ Non-Showing Fee @ \$25

** If showing week I, stalls will be included

NAME OF HORSE	USEF/USHJA REGISTRATION #	GREEN 1/2	BREED	COLOR	SEX	HEIGHT	AGE

CLASSES ENTERED	NAME OF RIDER	AGE	RIDER'S USEF/USHJA #
1st Rider	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2nd Rider	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		

UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of the United States Equestrian Federation, Inc. (the "Federation") and the local rules of Atlanta Summer Classic. I agree to be bound by the Bylaws and Rules of the Federation and of the Competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

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 to the following:
 I AGREE that the "Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all other 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, vaultor, 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, or costs incurred by the Federation 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 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 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 affixed my signature by my own hand.

Trainer's, owner's and rider's signature blanks MUST be signed. If owner/exhibitor is trainer, sign both places. Trainer must be over 18 years of age. If rider is under 18, parent, guardian, trainer or agent must sign.

Owner/Agent Signature _____ Trainer Signature _____ Rider 1 Signature _____ Rider 2 Signature _____

Owner's Name _____ Trainer's Name _____ Rider's Name _____ Rider's Name _____

Address _____ Address _____ Address _____ Address _____

City _____ City _____ City _____ City _____

State _____ State _____ State _____ State _____

Telephone (____) _____ Telephone (____) _____ Telephone (____) _____ Telephone (____) _____

Owner's USEF # _____ Trainer's USEF # _____ Rider's USEF # _____ Rider's USEF # _____

PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!

Taxpayer Name (must coincide with SS# or EIN#) _____
 Social Security Number or Federal ID Number _____
 Prize Money Payee Address _____