

Gulf Coast Premiere I



FEBRUARY 7-11, 2018 | CLOSING DATE: JANUARY 10, 2018

(Must be received by this date for stall discount)

Make checks payable to: Gulf Coast Classic Company
Mail Entries to: The Gulf Coast Winter Classics
 Post Office Box 1311 ~ Johns Island, SC 29457 No faxed entries please.

We honor: MasterCard VISA American Express

Expiration Date: _____ / _____ / _____

Month/Year: _____ / _____

| NAME OF HORSE | USEF/USHJA REGISTRATION # | 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 Gulf Coast Winter Classics (Competition). 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 the State of New York, and any action instituted against the Federation must be filed in New York State. See GR9.08.4.

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 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, 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, including Harm resulting from the negligence of 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 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 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. BOD 1/23/11 Effective 12/1/11.

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 _____ Zip _____ | State _____ Zip _____ | State _____ Zip _____ | State _____ Zip _____ |
| Telephone (____) _____ | Telephone (____) _____ | Telephone (____) _____ | Telephone (____) _____ |
| Owner's USEF # _____ | Trainer's USEF # _____ | Rider's USEF # _____ | Rider's USEF # _____ |

PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!

Prize Money Payee Address _____

Taxpayer Name (must coincide with SSF or ENF) _____

Social Security Number or Federal ID Number _____

Please stable with: _____

In case of emergency during the show contact number: _____

- # _____ Stalls @ \$250 (\$225 if paid in full by closing date)
- # _____ USEF Fees \$15/Drug \$8 @ \$23
- # _____ USHJA Fee @ \$7
- # _____ Service Fee @ \$60
- # _____ Non-Showing Fee @ \$50
- # _____ USEF Show Pass Fee @ \$45
- # _____ USHJA Show Pass Fee @ \$30
- # _____ Grounds Fee @ \$50
- # _____ Paddocks @ \$225/wk
- # _____ Equine Nighttime Security @ \$20
- # _____ Late Fee @ \$50

Gulf Coast National Classic II



FEBRUARY 14-18, 2018 | CLOSING DATE: JANUARY 10, 2018

(Must be received by this date for stall discount)

Make checks payable to: Gulf Coast Classic Company
Mail Entries to: The Gulf Coast Winter Classics
 Post Office Box 1311 ~ Johns Island, SC 29457 No faxed entries please.

We honor: MasterCard VISA American Express

Expiration Date: _____ / _____

CID: _____

| NAME OF HORSE | USEF/USHJA REGISTRATION # | 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 | | |
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 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 GR001 and, if applicable, EH114, 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 in 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, coaching and abilities to safely compete in this competition.

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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 _____ Zip _____ | State _____ Zip _____ | State _____ Zip _____ | State _____ Zip _____ |
| Telephone (____) _____ | Telephone (____) _____ | Telephone (____) _____ | Telephone (____) _____ |
| Owner's USEF # _____ | Trainer's USEF # _____ | Rider's USEF # _____ | Rider's USEF # _____ |

Please stable with: _____

In case of emergency during the show contact number: _____

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

_____ USEF Fees \$15/Drug \$8 @ \$23

_____ USHJA Fee @ \$7

_____ Service Fee @ \$60

_____ Non-Showing Fee @ \$50

_____ USEF Show Pass Fee @ \$45

_____ USHJA Show Pass Fee @ \$30

_____ Grounds Fee @ \$50

_____ Paddocks @ \$225/wk

_____ Equine Nighttime Security @ \$20

_____ Late Fee @ \$50

PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!

Taxpayer Name (must coincide with SSF or EIN#)

Social Security Number or Federal ID Number

Prize Money Payee Address

Gulf Coast Magnolia Classic III



FEBRUARY 21-25, 2018 | CLOSING DATE: JANUARY 10, 2018

(Must be received by this date for stall discount)

Make checks payable to: Gulf Coast Classic Company
Mail Entries to: The Gulf Coast Winter Classics
 Post Office Box 1311 ~ Johns Island, SC 29457 No faxed entries please.

We honor: MasterCard VISA American Express

Expiration Date: _____ / _____

Month/Year: _____ / _____

CID: _____

| NAME OF HORSE | USEF/USHJA REGISTRATION # | BREED | COLOR | SEX | HEIGHT | AGE |
|---------------|---------------------------|-------|-------|-----|--------|-----|
| | | | | | | |

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

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

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

Address _____ Address _____ Address _____

City _____ City _____ City _____

State _____ Zip _____ State _____ Zip _____

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

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

Please stable with: _____

In case of emergency during the show contact number: _____

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

_____ USEF Fees \$15/Drug \$8 @ \$23

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_____ Paddocks @ \$225/wk

_____ Equine Nighttime Security @ \$20

_____ Late Fee @ \$50

**PRIZE MONEY
TAXPAYER INFORMATION
MUST BE COMPLETED!**

Taxpayer Name (must coincide with SSF or EIN#)

Social Security Number or Federal ID Number

Prize Money Payee Address

Gulf Coast Mid-Winter Classic IV



FEBRUARY 28-MARCH 4, 2018 | CLOSING DATE: JANUARY 10, 2018

Make checks payable to: Gulf Coast Classic Company
Mail Entries to: The Gulf Coast Winter Classics
 Post Office Box 1311 ~ Johns Island, SC 29457 *No faxed entries please.*

We honor: MasterCard® VISA® American Express®

Expiration Date: _____ / _____

Month/Year

| NAME OF HORSE | USEF/USHJA REGISTRATION # | 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 | | |
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|------------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 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 _____ Zip _____ | State _____ Zip _____ | State _____ Zip _____ | State _____ Zip _____ |
| Telephone (____) _____ | Telephone (____) _____ | Telephone (____) _____ | Telephone (____) _____ |
| Owner's USEF # _____ | Trainer's USEF # _____ | Rider's USEF # _____ | Rider's USEF # _____ |

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_____ Paddocks @ \$225/wk

_____ Equine Nighttime Security @ \$20

_____ Late Fee @ \$50

Signature _____

Card Holder's name _____

Street/P.O. Box _____

City/State/Zip _____

Name of Person/Company receiving prize money _____

PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!

Taxpayer Name (must coincide with SSN or EIN#) _____

Social Security Number or Federal ID Number _____

Prize Money Payee Address _____

Gulf Coast Sunshine Classic V



MARCH 7-11, 2018 | CLOSING DATE: JANUARY 10, 2018

(Must be received by this date for stall discount)

Make checks payable to: Gulf Coast Classic Company
Mail Entries to: The Gulf Coast Winter Classics
 Post Office Box 1311 ~ Johns Island, SC 29457 No faxed entries please.

We honor: MasterCard VISA American Express

Expiration Date: _____ / _____

Month/Year

| NAME OF HORSE | USEF/USHJA REGISTRATION # | 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 | | |
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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 _____ Zip _____ | State _____ Zip _____ | State _____ Zip _____ | State _____ Zip _____ |
| Telephone (____) _____ | Telephone (____) _____ | Telephone (____) _____ | Telephone (____) _____ |
| Owner's USEF # _____ | Trainer's USEF # _____ | Rider's USEF # _____ | Rider's USEF # _____ |

PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!

Prize Money Payee Address _____

Taxpayer Name (must coincide with SSF or EIN#) _____

Social Security Number or Federal ID Number _____

Signature _____

Card Holder's name _____

Street/P.O. Box _____

City/State/Zip _____

Name of Person/Company receiving prize money _____

Please stable with: _____

In case of emergency during the show contact number: _____

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

_____ USEF Fees \$15/Drug \$8 @ \$23

_____ USHJA Fee @ \$7

_____ Service Fee @ \$60

_____ Non-Showing Fee @ \$50

_____ USEF Show Pass Fee @ \$45

_____ USHJA Show Pass Fee @ \$30

_____ Grounds Fee @ \$50

_____ Paddock @ \$225/wk

_____ Equine Nighttime Security @ \$20

_____ Late Fee @ \$50

Gulf Coast Finale Classic VI



MARCH 14-18, 2018 | CLOSING DATE: JANUARY 10, 2018

(Must be received by this date for stall discount)

We honor: MasterCard VISA American Express CID Expiration Date Month/Year

Make checks payable to: Gulf Coast Classic Company
Mail Entries to: The Gulf Coast Winter Classics
 Post Office Box 1311 ~ Johns Island, SC 29457 No faxed entries please.

| NAME OF HORSE | USEF/USHJA REGISTRATION # | 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 Gulf Coast Winter Classics (Competition). 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 the State 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 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, 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, 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.

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| Address _____ | Address _____ | Address _____ | Address _____ |
| City _____ | City _____ | City _____ | City _____ |
| State _____ Zip _____ | State _____ Zip _____ | State _____ Zip _____ | State _____ Zip _____ |
| Telephone (____) _____ | Telephone (____) _____ | Telephone (____) _____ | Telephone (____) _____ |
| Owner's USEF # _____ | Trainer's USEF # _____ | Rider's USEF # _____ | Rider's USEF # _____ |

| |
|--|
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