



SHOW DATE: _____

ONLY ONE HORSE PER ENTRY FORM PLEASE

Send Entries to: Charlene Brown
22 South Mayd Street
Newport, RI 02840

Tel. 401-849-2696 Fax: 401-848-2985

NAME OF HORSE		USEF #	COLOR	SEX	HEIGHT	AGE	PONY / JR HUNTER			MEASUREMENT CARD #				TRAINER OR BARN NAME				
							SM	MED	LG									
RIDER #1 NAME		DOB		RIDER 1 - USEF #		MHC #		CLASSES ENTERED	CLASS #								TOTALS	
ADDRESS				ASPCA #		NEHC #			ENTRY FEES									
		TEL:							CLASS #									
RIDER #2 NAME		DOB		RIDER 2 - USEF #		MHC #			ENTRY FEES									
ADDRESS				ASPCA #		NEHC #												
		TEL:																

United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR1502.4) 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 [insert name] to the following: **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 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 caused by me or my horse to others, even if the Harm 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 at the Competition. I have read the Federation Rules about protective equipment, including GR318 and GR1713, 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 AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. 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.

There will be a \$30 service charge for any checks returned unpaid.

All competitors must present their current USEF and NEHC & MHC membership cards or a copy thereof before a number can be given by the secretary.

Pre-Entries must be accompanied by payment or signed check.

Entry Fees - Rider 1	
Entry Fees - Rider 2	
Warm-Ups @ \$15	
Office/EMT	\$15.00
USEF Drug Test & Administrative Fee	\$15.00
USEF Non-Memb. Fee Jr./Sr. \$30	
USHJA Non-Memb. Fee \$30	
Post Entry Fee @ \$25	
MHC Fee	\$ 1.00
Total Due	
Account Balance	
Paid in Cash	
Check Number	

Rider 1 - Parent/Guardian if rider is a minor (Mandatory) Signature:	Trainer (Mandatory) Signature:	Rider 2 Parent/Guardian if rider is a minor (Mandatory) Signature:
Print Name:	Print Name:	Print Name:
Owner/Agent (Mandatory) Signature:	Trainer Address	Rider 2 Address
Print Name:	USEF#:	USEF#:
	Tel#:	Tel#:
Owner Address	Coach (If Applicable) Signature:	Coach Address
USEF#:	Print Name:	USEF#:
Tel#:		Tel#:

Make checks payable to:
Holloway Brook Farm