

OWNER		RIDER		TRAINER	
Owner Name	Rider Name	Trainer Name		Trainer Name	
Address	Address	Address		Address	
City	City	City	City	State	State
Social Security # or TIN #	E-mail	E-mail	Phone	E-mail	State
Phone	USEF/USHJA#	WSHJA#	USEF/USHJA#	Cell Phone	State
USEF/USHJA#	EC	Age as of 12/1/2010	ASPCA#	USEF/USHJA#	EC

Prize money paid to if other than owner

Name	Rider Name	VISA/MC #
Address	Address	Exp. Date
City	USEF/USHJA#	Signature
Social Security # or TIN #	EC	Print Name

NAME OF HORSE		AGE	COLOR	SEX	HEIGHT	RIDER		DIVISIONS / CLASSES	
		1st Yr	2nd Yr	Sm	Md	Lg			
		Please Circle below if applicable							

USF Release, Assumption of Risk, Waiver and Indemnification

I have read the United States Equestrian Federation, Inc. (The "Federation") Entry Agreement (GR 906-4) as printed in the Prize List for his Competition and agree to all its provisions. I understand and agree that by entering this Competition, I am subject to the Federation Rules, 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. This document waives important legal rights. Read it carefully before signing. I AGREE in consideration for my participation in this Competition Spring National Inaugural Horse Show 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, longueur, 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 GR 801 and, if applicable, EV 114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me that I 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 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. I represent that I have the requisite training, coaching, and abilities to safely compete in this competition. BY SIGNING BELOW, I AGREE to be bound by applicable Federation Rules and all terms and provisions of this entry blank.

OWNER/AGENT		RIDER/HANDLER		TRAINER	
SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:
Print Name:	Is Rider/Handler a U.S. Citizen (please circle): YES	Print Name:	Is Rider/Handler a U.S. Citizen (please circle): YES	Print Name:	Print Name:
Parent/Guardian Sig.:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:
Print Name:	Is Rider/Handler a U.S. Citizen (please circle): YES	Print Name:	Is Rider/Handler a U.S. Citizen (please circle): YES	Print Name:	Print Name:

CHECKS PAYABLE TO: Spring National Inaugural Horse Show (US Funds)
MAIL TO: Barbara Bateerle Tel. (360) 668-0518 or Fax (360) 668-9179
 19716 82nd Ave. S.E. Snohomish, WA 98296

Stable With: _____
 Arrival Date: _____
 Emergency Contact Phone Number: _____

Payment # _____ Total Enclosed _____