SHOW NAME _____ Fox Crossing Equestrian SHOW DATE _____

HORSE NAME	USEF/USHJA#	COLOR GR/Y/1/2	SEX	HEIGHT	S/M/L

RIDER #1	NAME / ADDRESS: / PHONE# — USEF/USHJA#: CHSA; CHJA; NEHC		RIDER #2	NAME / ADDRESS: / PHONE# — USEF/USHJA#: CHSA; CHJA; NEHC	
CLASS #S			CLASS #S		
OWNER	NAME / ADDRESS: / PHONE# — USEF/USHJA#		TRAINER	NAME / ADDRESS: / CELLPHONE# / EMAIL ADDRESS: — USEF/USHJA#	
	PRIZE MONEY TO: _____ SS#/TAX ID# : _____				

ENTRY FEES	_____
	_____
	_____
	_____
	_____
OFFICE FEE	_____
WARM UP/FACILITY FEE	_____
POST ENTRY	_____
	_____
STALLS & ~~STABLING FEES~~ - day	_____
MISC. FEES	_____
NUMBER OF STALLS	_____
STABLE WITH:	_____

FEDERATION ENTRY AGREEMENT

I have read the United States Equestrian Federation Inc. (The "Federation") Entry Agreement (GR806.4) 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 the Federation Rules, Prize List, and local rules of the competition; including, but not limited to: CHJA, NEHC, MHC, CHSA, Marshall & Sterling League. I agree to waive the right to use 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 EISTK, WAIVER AND INDEMNIFICATION
THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS. READ IT CAREFULLY BEOFRE 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, facility owners, volunteers and Federation affiliates.
I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, lungeur, 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 GR831 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. *EC 9/21/09 Effective 12/1/09*

	Rider/Handler	Owner/Agent	Trainer	Parent/Guardian	Coach
Signature	_____	_____	_____	_____	_____
Print	_____	_____	_____	_____	_____