

THE PINES OPEN HORSE SHOW

Date of Show: _____

Mail or Fax Entries Only To:

LESLIE HUTTON

66 Longbottom Road, Southington, CT 06489

Fax: 860-620-1739

NAME OF HORSE		USEF #	COLOR	SEX	HEIGHT	AGE	PONY / JR HUNTER			MEASUREMENT CARD #	1st Year []	2nd Year []
							SM	MED	LG			
RIDER #1		JR'S AGE	USEF #	USET #	AMATEUR CERT #		CLASSES ENTERED—RIDER # 1					
NAME							CLASS #					
ADDRESS			ASPCA #	NEHC #	18-35 [] Over 35 []		FEE \$					
					Check One if Applicable		CLASS #					

THIS AREA FOR OFFICE USE ONLY
CIRCLE IF NEEDED
CHECK BOX IF OKAY

CHJA #

USET #

USEF #

ASPCA #

SIGNATURE

OWNER #

TRAINER #

MEASUREMENT CARD

COGGINS

NON-MEMBER

AFFIDAVIT

US Equestrian Federation, NEHC, CHJA and CHSA Entry Agreement

I have read the US Equestrian Federation, NEHC, CHJA, and CHSA Entry Agreement as printed in the Prize List for this competition.
I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) 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, the Prize List, and the 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 the New York State.
State. See GR908.4

US 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 (The Pines Farm Open) 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 and 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 GR 801 and EV 113, 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.

X _____ X _____ X _____
Rider's Signature (Parent or Guardian if under 18; If unavailable, Trainer must sign. Trainer's Signature Owner's Signature

Print Name: _____ Print Name: _____ Print Name: _____

Street: _____ Street: _____ Street: _____

City/state/Zip: _____ City/State/Zip: _____ City/state/Zip: _____

Phone: _____ Phone: _____ Phone: _____

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

Parent/Guardian Signature: _____ Emergency Contact Phone #: _____
Required if Rider/Driver/Handler/Vaulter/Longeur is a Minor. Is Rider/Driver/Vaulter a U.S. Citizen? Yes _____ No _____

# _____ STALLS@ \$150.00	
STALLS MUST BE PREPAID	
ENTRY FEES	
WARM-UPS \$20.00	
POST ENTRY FEES \$25.00	
USEF NON-MEMBER FEE \$20.00 OR USEF MEMBER AFFIDAVIT \$5.	
BREED DISCIPLINE (Not Jr's) \$5	
USEF DRUG & MEDICATION (\$7) + USEF OFFICE FEES (\$5)	\$12.00
OFFICE FEE	\$20.00
TOTAL DUE	
CREDIT VOUCHERS/PURSES	
ACCOUNT BALANCE	

All Exhibitors must present their current USEF membership card or a copy thereof before a number can be given by the secretary.