

# Fun In The Sun Horse Show

MAIL COMPLETED FORM TO: 8475 NW 60th AVE., OCALA, FL, 34482. FAX TO: (352) 622-3050

HORSE		OWNER		TRAINER																									
Horse Name		Owner Name		Trainer Name																									
Stable With		Address1		Address1																									
USHJA #		Address2		Address2																									
Breed Number		City State Zip		City State Zip																									
Color		Email		Email																									
Sex		Phone		Phone																									
<input type="radio"/> NA <input type="radio"/> 1YR <input type="radio"/> 2YR <input type="radio"/> SML <input type="radio"/> MED <input type="radio"/> LRG <input type="radio"/> SJR <input type="radio"/> LJR																													
<b>RIDER ONE</b>		<b>RIDER TWO</b>		<b>PRIZE MONEY PAYEE</b>																									
Rider 1 Name		Rider 2 Name		Payee Name																									
Address1		Address1		Address1																									
Address2		Address2		Address2																									
City State Zip		City State Zip		City State Zip																									
Email		Email		Email																									
Birthday		Birthday		Tax ID																									
				<b>OFFICE USE ONLY</b>																									
<b>RIDER ONE CLASSES</b>		<b>RIDER TWO CLASSES</b>		<b>MANDATORY FEES</b>																									
<table border="1" style="width:100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												<table border="1" style="width:100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												<table style="width:100%;"> <tr> <td style="width: 80%;">Grounds Fee</td> <td style="width: 20%; text-align: right;">10.00</td> </tr> <tr> <td>Office Fee</td> <td style="text-align: right;">5.00</td> </tr> </table>		Grounds Fee	10.00	Office Fee	5.00
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				<b>TOTAL \$</b> _____																									
<p><b>FEDERATION ENTRY AGREEMENT</b></p> <p>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 the 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.</p> <p>Release, Assumption of Risk, Waiver and Indemnification. This document waives important legal rights. Read it carefully before signing.</p> <p>I AGREE in consideration for my participation in this Competition [insert name] 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 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 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.</p> <p>BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.</p>																													
<b>RIDER ONE/HANDLER</b>		<b>OWNER/AGENT</b>		<b>TRAINER</b>																									
Signature		Signature		Signature																									
Print Name		Print Name		Print Name																									
<b>RIDER TWO/HANDLER</b>		<b>PARENT/GUARDIAN</b>		<b>COACH</b>																									
Signature		Signature		Signature																									
Print Name		Print Name		Print Name																									
Card Holder		Card Type & Number																											
Signature		Expires																											