

ONE OWNER PER ENTRY BLANK—COMPLETE BOTH SIDES OF THIS FORM

PLEASE ENCLOSE COPIES OF REGISTRATION PAPERS, USEF CARDS AND AMHA CARDS FOR OWNER, TRAINER AND EACH RIDER/DRIVER/HANDLER

◆ALL FEES MUST ACCOMPANY THIS ENTRY◆

MAKE CHECKS PAYABLE TO: Circle J Regional Morgan Horse Show

Hotel While In Denver _____ Emergency # _____

FEDERATION 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 the this Competition, Circle J Regional Morgan Horse Show, 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 EV113, 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, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

OWNER (Mandatory)	
NAME (Please Print)	
ROUTE/BOX/STREET	
CITY/STATE/ZIP	
AC/PHONE#	
SOCIAL SECURITY#	USDF #
USEF #	AMHA #
SIGNATURE—REQUIRED (PARENT/GUARDIAN IF UNDER 18)	

TRAINER (Mandatory)	
NAME (Please Print)	
ROUTE/BOX/STREET	
CITY/STATE/ZIP	
AC/PHONE #	E-MAIL
CELL #	UPHA #
USEF #	AMHA #
SIGNATURE—REQUIRED (MUST BE 18 OR OLDER)	

By signing, I have read and I agree to the USEF Entry Agreement and Release in the prize list and printed above.

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COACH (If Applicable)	
NAME (Please Print)	USEF #
SIGNATURE	

By signing, I have read and I agree to the USEF Entry Agreement and Release in the prize list and printed to the left.

RIDER, DRIVER, OR HANDLER (If Applicable)		
NAME (Please Print)		
ROUTE/BOX/STREET		
CITY/STATE/ZIP		
USEF #	AMATEUR #	AMHA #
JR EX DOB	USDF #	UPHA #
SIGNATURE—REQUIRED (PARENT/GUARDIAN IF UNDER 18)		

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RIDER, DRIVER, OR HANDLER (If Applicable)		
NAME (Please Print)		
ROUTE/BOX/STREET		
CITY/STATE/ZIP		
USEF #	AMATEUR #	AMHA #
JR EX DOB	USDF #	UPHA #
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