Office	Only ONE HORSE per entry form. Pennsylvania National Horse Show October 10-19, 2019						w Leadline Only														
	Name of Horse or Pony	USHJA Reg. #	Color	Sex	Height	Foaled	1														
	THIS ENTRY BLANK IS FOR LEADLINE ENTRIES ONLY																				
						Leadline Entry Fee @ \$50															
Coggins (blood drawn since 10/19/18) and Flu/Rhino vaccinations (last booster since 4/19/19) must be presented to pick up numbers. You may send copies with your entry to speed up check in.							PNHS Foundation Donation														
						Spectator Tables:															
							☐ Medal @ \$500 ☐ GP @ \$500														
I have read the Unite Competition and agr Prize List, and local	Send Acknowledgement via: Email:				Amount Enclosed (no open checks) MUST PAY IN FULL!!																
against the Federation	deration must be brought in New York State.					MAKE CHECKS PAYABLE AND MAIL TO: PENNSYLVANIA NATIONAL HORSE SHOW															
I AGREE in consideration for my participation in this Competition to the following: 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 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 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.						c/o RYEGATE SHOW SERVICES 1298 ROYAL ROAD ANNVILLE PA 17003 To verify receipt of entries, please use a delivery method															
											I AGREE to express I AGREE to indemnif others for any Harm	AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the regligence of the Federation or the Competition. 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 thers 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 am entitled to wear torective equipment without penalty, and I acknowledge that the Federation gueration of a do so while WARNING that no protective equipment can quard against all injuries. If I am a parent or quardian of a						which requires a signature. The show cannot verify receipt of faxed or regular mail entries. Separate checks for each horse are appreciated.			

junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions 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 blankand all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge thatmy electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

Owner Signature:	Trainer Signature:	Rider #1 Signature:			
Name	Name	Name			
USEF #	USEF #	USEF #			
Address	Address	FEI #	Birthdate		
City, State, Zip	City, State, Zip	Address			
Phone	Phone	City, State, Zip			
Fax	Fax	Parent/Guardian			
Cell	Cell	Sig. Name			
Email	Email				
SS #	SS #				
Alternate Payee	Coach	-			
Name	Sig.]			
SS #	Name	-			
Address	Emergency Contact	_			
City, State, Zip	Phone				