

Office

Pennsylvania National Horse Show

October 10-19, 2019

CLOSING DATE

Aug. 19, 2019

Only ONE HORSE per entry form.

Name of Horse or Pony

USHJA Reg. #

Color

Sex

Height

Foaled

FEI Passport #

Please Indicate Rider 1 or 2.

QUALIFYING SECTIONS ENCLOSE \$150

Conformation Hunter

- Green Conf. 1st Yr (1096)
 High Perf. Conf. (1106)

Working Hunter

- 3'6" Green (1066)
 3'9" Green (1076)
 High Perf. (1086)

Failure to present proper USEF/USHJA membership cards will result in show pass fees being charged.

Pony Hunter

- Small Pony (1005)
 Medium Pony (1010)
 Large Pony (1015)
 BCR Pony (26)

Amateur Owner Hunter

- AO 3'6" - 18 - 35 (1136)
 AO 3'6" - 36 & Over (1146)
 AO 3'3" - 18-35 (1156)
 AO 3'3" - 36 & Over (1166)

Junior Hunter

- Small 15 & Under (1025)
 Small 16 & 17 (1030)
 Large 15 & Under (1035)
 Large 16 & 17 (1040)
 Small Jr 3'3" (1050)
 Large Jr 3'3" (1055)
 BCR Horse (59)

Green 3' & 3'3"

Accepted on a first entered basis.

- Green 3' (1116)
 Green 3'3" (1126)

Jumpers

- 1.35 Am/AO Jumper (1228)
 FEI Open Jumper (1200)
 - See FEI Schedule

Sire

Dam

- Equitation, Side Saddle & NAL use other entry blank.
 - Junior Jumpers wait until notified by your zone.

United States Equestrian Federation, Inc. Entry Agreement

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 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.

Send Acknowledgement via:

Email: _____

This document waives important legal rights. Read it carefully before signing.

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.

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. BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

HUNTER/JUMPER

HUNTER/JUMPER

<p>Enclose payment as listed below. No entry will be processed without payment. No Open Checks Accepted.</p>	
<p>All Hunter/Jumper Office Fee (75) & Qualifying Fee (75)</p>	
<p>Please indicate quantities below. Do not send payment now. You will be invoiced upon acceptance.</p>	
Special Parking @ \$125 ea:	___ Jr ___ Sr
Camper @ \$500 ea:	___ Jr ___ Sr
PNHS Foundation Donation	
<p>Spectator Tables:</p> <input type="checkbox"/> Jr @ \$1200 <input type="checkbox"/> Sr @ \$1200 <input type="checkbox"/> Medal @ \$500 <input type="checkbox"/> GP @ \$500	

Stalls can be ordered on acceptance packets.

All USEF, USHJA & FEI Fees will be invoiced upon acceptance.

MAKE CHECKS PAYABLE AND MAIL TO:
PENNSYLVANIA NATIONAL HORSE SHOW
 c/o Ryegate Show Services
 1298 Royal Rd
 Annville, PA 17003

To verify receipt of entries, please use a delivery method which requires a signature.
 The show cannot verify receipt of faxed or regular mail entries.
 Separate checks for each horse are appreciated.

Reserve Stabling (TRAINER NAME PLEASE)

www.ryegate.com

Owner Signature:		Trainer Signature:		Rider #1 Signature:	
Name	Name	Name	Name	Name	Name
USEF #	USEF #	USEF #	USEF #	USEF #	USEF #
Address	Address	FEI #	Birthdate	FEI #	Birthdate
City, State, Zip	City, State, Zip	Address	Address	Address	Address
Phone	Phone	City, State, Zip	City, State, Zip	City, State, Zip	City, State, Zip
Fax	Fax	Rider #2 Signature:			
Cell	Cell	Name	Name	Name	Name
Email	Email	USEF #	USEF #	USEF #	USEF #
SS #	SS #	FEI #	Birthdate	FEI #	Birthdate
Alternate Payee (if not owner)		Coach			
Name	Name	Address	Address	Address	Address
SS #	SS #	Sig.	Sig.	Sig.	Sig.
Address	Address	Name	Name	Parent/Guardian	
City, State, Zip	City, State, Zip	Emergency Contact		Sig.	Sig.
	Phone	Name	Name	Name	Name