| Office Use Only | Only ONE HORSE per entry form. PLEASE type or print clearly. Description of the second | | | | | | | | | Entries Close: September 3, | |
|--|--|--|--|---|--|------------------|--|---|--|--|--|
| | Name of Horse or Pony | | | USHJA | Color | Sex | Height | Foaled | 2019 | | |
| | | | | | | | | | | | |
| | Sire Dam Sire Send Acknow | | | | | | | wledge | vledgement via: | | |
| DIVIS | This horse | This horse/pony has also | | | | | | | | | |
| AA 18-35 (4) | Children's 14 & U (16) | 3'3" AO Hunter (3) | | | ered at PNHS | Fax: | | | | | |
| AA 36 & Over (8) | Children's 15-17 (20) | 3'3" Jr Hunter (45) | | | | | | | Failure to p | resent proper USEF/USHJA | |
| S/M Child Pony (24) | Lg Child Pony (28) | | | | | | | men | ıbership car | ds will result in non-member fea being charged. | |
| I have read the United States Eques understand and agree that by enterin the competition, and agree that any This document waives import ant le | ng this Competition, I am actions against the Feder | subject to Federation Rules, the P ration must be brought in New Yorl | GR906.4) as printed in the rize List, and local rules o | Prize List for this Competition | | | os at | | No entry will | payment as listed below. be processed without payment. Open Checks Accepted. | |
| 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. | | | | | | | | All Entries Office & Qualifying Fee (40) \$ 40.00 | | | |
| 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 | | | | | | | s, | You will be invoiced upon acceptance for all showing fees. | | | |
| 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 met o 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 provisionsand AGREE to assume all of | | | | | | | Extra stalls and camper spaces can be ordered upon acceptance. | | | | |
| the obligations of this Release on the I AGREE that if I am injured at this of report form. BY SIGNING BELOW, signing and submitting this Agreement | competition, the medical p I AGREE to be bound by | personnel treating my injuries may all applicable Federation Rules ar | provide information on my nd all terms and provisions | / injury and treatment to the F s of this entry blankand all ter | ederation on the offic ns and provisions of | this Prize List. | lf I am | A | | SHJA & Entry Fees will be ed upon acceptance. | |
| Owner Signature: | | Trainer Signature: | | Rider #1 Signature: | | | | | | | |
| Name | | Name | | Name | | | | | Stable W | th (trainer name please) | |
| USEF # | USEF # | | USEF # | | | | | | | | |
| Address | | Address | | | Birthdate | | | | | | |
| City, State, Zip | | City, State, Zip | | Address | | | | Ma | ke checks pa | yable (in US Funds) and mail to: | |
| Phone | | Phone | | City, State, Zip | | | | | Ryegate Show Services 1298 Royal Rd Annville, PA 17003 | | |
| Fax | | Fax | | Parent/Guardian | | | | | | | |
| Cell | | Cell | | Sig. | | | | | | 5643 before show phone | |
| Email | | Email | | Name | ou Conto at | | | | | | |
| | | Coach | | Phone Emergency Contact | | | | Online entry available at | | | |
| | | Sig. | | | | | | www.horseshowsonline.com | | | |
| | | Name | | | | | | | | Cards Accepted se use form. | |