

OLD SALEM FARM HORSE SHOW I

MAY 5-10, 2009

Entries Close: Monday, April 13

Name of Horse		USEF / USHJA #	Color	Sex	Height	Age	Green Year	Circle Size
							1 st 2 nd	Sm Med Lg
Hunter / Equitation Rider								
#1		USEF #	ASPCA #					
#2								
Jumper Rider								
#1		USEF #						
#2								

USEF Entry Agreement

I have read the USEF (the Federation's) Entry Agreement (GRP06.4) 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.

USEF Release, Assumption of Risk, Waiver and Indemnification

I AGREE in consideration for my participation in this Competition - Old Salem Farm Horse Shows to the following:
 I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, 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. I AGREE to release the Federation and the Federation 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 Art. 318 and 1712, 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 all of the obligation 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 BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

Owner/Agent (mandatory)

Signature _____
 Print Name: _____

Trainer (mandatory)

Signature _____
 Print Name: _____

Coach (if applicable)

Signature _____
 Print Name: _____

Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____
 Print Parent/Guardian Name: _____
 Is Rider/Driver/Handler a U.S. Citizen: yes no

STALL FEES & NOMINATIONS MUST BE SENT BY CLOSING DATE OF ENTRIES ACCOMPANIED BY AN OPEN CHECK FOR REMAINING FEES

FEDEX: 190 June Road, North Salem, NY 10560

CHECKS PAYABLE TO: OLD SALEM FARM
 POSTAL: P.O. Box 317, North Salem, NY 10560

NO FAXED ENTRIES WILL BE ACCEPTED

Owner		Rider #1		Trainer																							
Name _____	Name _____	Name _____	Name _____	Name on Card: _____	Federation Fee @ \$8 _____																						
Address _____	Address _____	Address _____	Address _____	Card Number: _____	Drugs & Medication Fee @ \$7 _____																						
Phone # _____	Phone # _____	Phone # _____	Phone # _____	Expiration: ____/____/____ Code: _____	USEF Non Member @ \$30 _____																						
USEF# _____	USEF# _____	USEF# _____	USEF# _____	Signature: _____	USHJA Non Member @ \$30 _____																						
Taxpayer Information (for Prize Money)		Rider #2		CREDIT CARD PAYMENT INFORMATION:																							
Name _____	Name _____	Name _____	Name _____	VISA / MASTERCARD ONLY	Jumper Nomination @ \$200 _____																						
Address _____	Address _____	Address _____	Address _____		Office Fee @ \$75 _____																						
Phone # _____	Phone # _____	Phone # _____	Phone # _____		VIP Table @ \$1000 _____																						
SS # _____	SS # _____	SS # _____	SS # _____		Exhibitor Lounge @ \$100 _____																						
<p>TOTAL FEES:</p> <table> <tr> <td>Federation Fee @ \$8</td> <td>_____</td> </tr> <tr> <td>Drugs & Medication Fee @ \$7</td> <td>_____</td> </tr> <tr> <td>USEF Non Member @ \$30</td> <td>_____</td> </tr> <tr> <td>USHJA Non Member @ \$30</td> <td>_____</td> </tr> <tr> <td>Stall Fee @ \$225</td> <td>_____</td> </tr> <tr> <td>Ship In Fee @ \$30</td> <td>_____</td> </tr> <tr> <td>Jumper Nomination @ \$200</td> <td>_____</td> </tr> <tr> <td>Office Fee @ \$75</td> <td>_____</td> </tr> <tr> <td>VIP Table @ \$1000</td> <td>_____</td> </tr> <tr> <td>Exhibitor Lounge @ \$100</td> <td>_____</td> </tr> <tr> <td>TOTAL FEES</td> <td>_____</td> </tr> </table>						Federation Fee @ \$8	_____	Drugs & Medication Fee @ \$7	_____	USEF Non Member @ \$30	_____	USHJA Non Member @ \$30	_____	Stall Fee @ \$225	_____	Ship In Fee @ \$30	_____	Jumper Nomination @ \$200	_____	Office Fee @ \$75	_____	VIP Table @ \$1000	_____	Exhibitor Lounge @ \$100	_____	TOTAL FEES	_____
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