OLD SALEM FARM

Name of Horse	USEF / ID #	Color	Color Sex Height		Green Year	Circle Size	
					1^{st} 2^{nd}	Sm Med Lg	
Rider	Age	USEF#	ASPCA#		Classes		
#1							
	1		-				
Rider	Age	USEF#	USEF # ASPCA #		Classes		
#2	Age	USLI #	ASI CA #		Classes		
	e, Assumption of Risk, Waiver		Entry Agreement				
lessee, owner, agent, coach, trainer or as parer bodily injury including broken bones, head injuri any Harm to me or my horse and for any Harm to Mere and For any Harm to me or my horse and for any Harm to incurred by) the Federation and the Competition Competition. I have read the Federation Rules at the Federation strongly encourages me to do so above includes all of their officials, officers, dire represent that I have the requisite training, coach my injury and treatment to the Federation on the all terms and provisions of this Prize List. If I ammy own hand. BOD 1/23/11 Effective 12/1/11 Rider/Driver/Handler (mandatory) Signature Print Name: Parent/Guardian Signature (Required if respectives)	es, trauma, pain, suffering, or deat of any nature caused by me or my one or my horse, including Harm in and to hold them harmless with rebout protective equipment, including while WARNING that no protective ctors, employees, property owners, ching and abilities to safely compete official USEF accident/injury reponsigning and submitting this Agree	h.("Harm")I AGREE to horse to others, even resulting from the neg espect to claims for Harge GR801 and if applie e equipment can guar, agents, personnel, ve in this competition. Internal form. BY SIGNING Imment electronically, I and	o hold hamless and rele if the Harm arises or re ligence of the Federatic arm to me or my horse, cable EV114, and I under dra all of the obligation of olunteers and affiliated AGREE that if I am inju BELOW, I AGREE to be acknowledge that my ele	ase the Federation and the sults resulted, directly or in n or the Competition. I AGF and for claims made by otherstand that I am entitled to this Release on the child's organizations. I red at this competition, the bound by all applicable Fe	e Competition from all clair directly, from the negligen REE to indemnify (that is, loners for any Harm caused loners for any Harm caused loners behalf. I AGREE that "the medical personnel treating deration Rules and all terrie the same validity, force and	ms for money damages or otherwise ce of the Federation or the Competion of the Pederation or the Competion of pay any losses, damages, or costly me or my horse while at the not without penalty, and I acknowled of Federation" and "Competition" as upon my injuries may provide informations and provisions of this entry blant.	
Parent/Guardian Signature (Required if r	ider/driver/handler is a minor)						
Print Parent/Guardian Name:			ERGENCY CONTACT L ADDRESS	PHONE NUMBER			
Owner	yesno Rider		L ADDICEOU	Trainer	Total Fees:		
Name	Name		Name		Federation Fe	Federation Fee Drugs & Medication Fee @ \$23 \$23.00 .	
Address	Address		Address		Drugs & Med		
Phone #	Phone #		Phone #		USEF Show I	USEF Show Pass Fee @ \$45	
USEF# Taxpayer Information (for Prize Money	USEF#USEF#USEF#USEF#						
			CH	CHECKS PAYABLE TO:		Pass Fee @ \$30	
Name	Name		— OL	D SALEM FARM	US HJA Zone	e Support Fee @ \$2	
Address	Address		NOP	PO BOX 317 TH SALEM, NY 10560	Office Fee @	\$35 \$35.00	
Phone #			NON		1		
I none "				tel: 914-669-5610			
SS #	USEF # SignatureX		_ _		TOTAL FEE	S	