

Name of Horse	Color	ex	Height	Age	Circle Size
					Sm Med Lg

Rider #1	Age	USHJA #	Classes
#1			

Rider #2	Age	USHJA #	Classes
#2			

Entry Agreement

Release, Assumption of Risk, Waiver and Indemnification

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

I AGREE in consideration for my participation in this Competition - Old Salem Farm Horse Shows to the following: I Agree that "Competition" as used herein includes Old Salem Farm Acquisition Corp, it's owners and employees, the Competition Management as well as all of their officials, officers, directors, employees, agents, personnel, volunteers, property owners and Federation affiliates. 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. ("Harm") I AGREE to hold harmless and release 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 resulted, directly or indirectly, from the negligence of the Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition. I AGREE to indemnify (that is, not pay any losses, damages, or costs incurred by) 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 on the show grounds prior, during and after the show Competition. I have read the USEF 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 competition 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 "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers, property owners and affiliated organizations. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable Competition Rules and all terms and provisions of this entry blank.

**Equine Health Requirements/Protocols:** All horses (competing or not) that enter the grounds must have available for inspection: **Negative Coggins (required), Health Certificate and Proof of Vaccinations** including (EHV-1 vaccination within the last 180 days). The Horse Show manager reserves the right to request horses be subject to examination by a licensed Veterinarian in determining whether such animals are, or have been infected/exposed, or are likely to become infected with an infectious or contagious disease. All exhibitors are encouraged to review the equine health transport requirements for New York State prior to arrival. These requirements are for the safety of all horses entering the Horse Show facility.

Rider/Driver/Handler (mandatory)  
Signature \_\_\_\_\_  
Print Name: \_\_\_\_\_

Rider/Driver/Handler #2 (mandatory)  
Signature \_\_\_\_\_  
Print Name: \_\_\_\_\_

Owner (mandatory)  
Signature \_\_\_\_\_  
Print Name: \_\_\_\_\_

Trainer (mandatory)  
Signature \_\_\_\_\_

Coach (if applicable)  
Signature \_\_\_\_\_

Parent/Guardian Signature (Required if rider/driver/handler is a minor)  
Print Parent/Guardian Name: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

Is Rider/Driver/Vaulter a U.S. Citizen:  yes  no

EMAIL ADDRESS \_\_\_\_\_

**NO FAXED ENTRIES**

Owner	Rider #1	Rider #2	CREDIT CARD INFORMATION	CHECKS PAYABLE TO:
Name _____ Address _____ Phone # _____ USEF# _____	Name _____ Address _____ Phone # _____ USEF# _____	Name _____ Address _____ Phone # _____ USEF# _____	<b>CREDIT CARD INFORMATION</b> Name on Card _____ Card Number _____ Expiration Date ____/____ Security Code _____ Signature X _____	<b>CHECKS PAYABLE TO:</b> <b>OLD SALEM FARM</b> PO BOX 317 NORTH SALEM, NY 10560 tel: 914-669-5610 fax: 914-669-8532
<b>Taxpayer Information (for prize money)</b> Name _____ Address _____ Phone # _____ SS # _____	<b>Rider #2</b> Name _____ Address _____ USEF # _____ Signature X _____			Office Fee: ..... \$25.00 Show Scratch ..... 50.00 Same Day Scratch (per Class) ..... 10.00ea. Hunter Classes: ..... 40.00ea Equitation Classes: ..... 40.00ea Jumper Classes: ..... 50.00ea Classic and Medal Classes: ..... 50.00ea