

# OLD SALEM FARM SPRING HORSE SHOW - WEEK I May 7 - 12, 2019

Entries close Monday, April 8, 2019 by 5:00 pm. ALL FEI HORSES MUST BE ENTERED ONLINE BY THEIR NATIONAL FEDERATION.

No entries will be accepted by fax and we cannot provide confirmation of receipt. Exhibitors must have current USEF/USHJA membership card available or a copy sent with entry.

HORSE NAME					HORSE / USEF / EC #	RIDERS		USEF/USHJA#	ASPCA#	EC#	CIRCLE	CLASSES	
						RIDER ONE					JR AM PRO	RIDER ONE CLASSES	
COLOR	SEX	HEIGHT	AGE	FEI PASSPORT #	HORSE/PONY		RIDER TWO					JR AM PRO	RIDER TWO CLASSES
					Small	Medium	Large						
BREED	DOB	BIRTH CTRY	STUD BK		GREEN YEAR	1	2						

OWNER OR AUTHORIZED AGENT					RIDER ONE			TRAINER			STABLE WITH (BARN NAME)		
NAME					NAME			DOB M/D/Y	GENDER	NAME			
ADDRESS					ADDRESS			ADDRESS					
CITY/STATE/ZIP					CITY/STATE/ZIP			CITY/STATE/ZIP					
TELEPHONE					TELEPHONE			USEF/USHJA/FEI #	TELEPHONE			USEF/USHJA/EC #	
EMAIL					EMAIL			EMAIL					

RECIPIENT OF PRIZE MONEY AWARDS					RIDER TWO			<b>OFFICE &amp; STALL FEES MUST ACCOMPANY ENTRIES TO SECURE STALLS. MAKE CHECKS PAYABLE TO:                      OLD SALEM FARM                      P.O. BOX 317 -190 JUNE ROAD                      NORTH SALEM, NY 10560                      Canadian Exhibitors:                      Check must be pre-printed "U.S. Funds"</b>											
NAME					NAME								DOB M/D/Y	GENDER					
ADDRESS					ADDRESS														
CITY/STATE/ZIP					CITY/STATE/ZIP														
TELEPHONE					TELEPHONE								USEF/USHJA/FEI #						
SS# or FED ID#					EMAIL														

USEF/USHJA/FEI FEES	
USHJA Fee	\$7
USEF Drugs/Medications Fee	\$15
USEF Federation Fee	\$8
USEF Show Pass Fee	\$45
USHJA Show Pass Fee	\$30
FEI Drug and Med Fee	\$33
USEF IHP Fee	\$35

FEES	
Entry Fee	_____
Nominating Fee (\$250)	_____
Premium Stall Fee (\$375)	_____
FEI Horse Stall Fee (\$375)	_____
Ship In Fee (\$90)	_____
Ambulance Fee	\$15
Office Fee	\$95
Late Entry Fee (\$100)	_____
AMOUNT ENCLOSED \$	_____

### 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 Old Salem Farm Spring Horse Shows ("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 from the competition, and agree that any actions against the Federation must be brought in New York State.

### Federation 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 Spring Horse Show to the following: **I AGREE** that the "Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates, Old Salem Farm Acquisition Corp. and property owners.

**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.

OFFICE USE ONLY	
CK#	_____ CK AMT \$ _____
	_____

**ALL STALL AND OFFICE FEES MUST BE PREPAID BY CHECK ONLY. NO PRE-PAID TACK STALLS WILL BE SPLIT.**

MANDATORY	OWNER/AGENT	RIDER/HANDLER	TRAINER
	SIGNATURE: _____ Print Name: _____ <small>(Required if Rider/Handler is a minor)</small>	SIGNATURE: _____ Print Name: _____ Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>	SIGNATURE: _____ Print Name: _____ COACH SIGNATURE: _____ <small>(if applicable)</small> Print Name: _____
	PARENT/GUARDIAN SIGNATURE: _____ Print Name: _____ EMERGENCY CONTACT PHONE # _____	SIGNATURE: _____ Print Name: _____ Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>	

This show offers one or more classes that are recognized by the

### North American League



In order for riders to receive credit, they must be a current member. Membership is valid for the qualifying year and entitles the rider to earn points on one or more horses shown in accredited classes.

National Finals are held at the Pennsylvania National Horse Show.

West Coast Finals are held at the Las Vegas National Horse Show.

Please complete and mail the application with payment to:

North American League  
1298 Royal Rd  
Annville, PA 17003  
717-867-5643; 717-867-2174 fax

www.ryegate.com  
nal@ryegate.com

Please enroll me as member of the North American League:

Date \_\_\_\_\_ Membership is effective the date received in the league office with payment.  Amateur  Junior  
Qualifying Year: (Sept 1 - Aug 31) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_\_

Payment of \$40.00 enclosed USEF #: \_\_\_\_\_

Please bill my  MasterCard  Visa  Discover  AmEx Exp CSV

Account # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cardholder \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I authorize Ryegate Show Services on the behalf of the NAL to debit my account.

Signature \_\_\_\_\_

Received

Check #

### Enter the Washington International Horse Show Children's & Adult Championships and WIHS Equitation!



Earn points here to qualify for the  
\$10,000 Adult Jumper Final  
\$10,000 Adult Hunter Final  
\$10,000 Children's Jumper Final  
\$10,000 Children's Hunter Final  
WIHS Equitation Final  
WIHS Pony Equitation Final

at the Washington International Horse Show in Washington, DC.

Become a member of the WIHS Children's & Adult Championships and WIHS Equitation to receive points. Competitors need only submit one WIHS membership application for the current qualifying year and that will entitle them to accrue points in all WIHS sanctioned classes. Membership is valid for the qualifying year and entitles a rider to earn points on one or more horses in any of the divisions.

WIHS  
1298 Royal Rd  
Annville, PA 17003  
717-867-5643; 717-867-2174 fax

www.wths.org  
wths@ryegate.com

Join online at [www.ryegate.com](http://www.ryegate.com)

Please enroll me as member of the WIHS Championships & Equitation:

Date \_\_\_\_\_ Qualifying Year: (Sept 1 - Aug 31) \_\_\_\_\_

Membership is effective the date received in the league office with payment.  Amateur  Junior

Equitation Riders Only

- East Ranking
- West Ranking

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_\_

Payment of \$40.00 enclosed USEF #: \_\_\_\_\_

Please bill my  MasterCard  Visa  Discover  AmEx Exp CSV

Account # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cardholder \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I authorize Ryegate Show Services on behalf of WIHS to debit my account.

Signature \_\_\_\_\_

Received

Check #