	Name of Horse	USEF / ID #	Color	Sex	Height	Age	Green Year		Circle Size	
						Ŭ	1^{st}	2^{nd}	Sm M	led Lg
	Rider	Age	USEF#	ASPO	Λ#		Clas	202		
#1	Maci	Age	OOL! #	AGIG	<i></i>		Ola:	.303		
	Rider	Age	USEF#	ASPC	A #		Clas	ses		
#2										
			USE	F Entry Agree	ment					
	Federation Release,	Assumption of Risk, Waiver	and Indemnificati	ion This docur	nent waives im	portant legal rig	hts. Read it car	efully before s	igning.	
	d the United States Equestrian Fed									
understan	d and agree that by entering this (etition, and agree that any actions	competition, I am subject to	Federation Rules	s, the Prize List	, and local rule	es of the Compet	ution. I agree to	waive the righ	it to the use	of my photos
the following	g: I Agree that "the Federation" and "C	ompetition" as used herein inclu	des Old Salem Farm	ew fork State. n Acquisition Co	n its owners an	d employees the l	articipation in this icensee and Com	competition - O	id Salem Fan ement as wel	n Horse Snows as all of their
officials, off	icers, directors, employees, property ov	vners agents, personnel, volunte	ers and Federation	affiliates.I AGRI	E that I choose	to participate volun	ntarily in the Comp	etition with my h	norse, as a ric	er, driver, hand
lessee, own	ner, agent, coach, trainer or as parent o	r quardian of a junior exhibitor. I	am fully aware and	acknowledge th	at horse sports a	nd the Competition	n involve inherent	dangerous risks	of accident, I	oss, and seriou
bodily injury	/ including broken bones, head injuries,	trauma, pain, suffering, or death	n.("Harm")I AGREE	to hold harmless	and release the	Federation and the	e Competition fro	m all claims for r	noney damag	es or otherwise
	o me or my horse and for any Harm of a expressly assume all risks of Harm to m									
) the Federation and the Competition ar									
	n.I have read the Federation Rules about									
the Federat	tion strongly encourages me to do so w	hile WARNING that no protective	e equipment can gua	ard all of the obl	gation of this Re	lease on the child's	s behalf.I AGREE	that "the Federa	ition" and "Co	mpetition" as us
	des all of their officials, officers, directo									
represent th	nat I have the requisite training, coaching treatment to the Federation on the of	ig and abilities to safely compete	In this competition.	I AGREE that if	I am injured at th	is competition, the	medical personn	el treating my inj	uries may pro	vide informatioi
	nd treatment to the Federation on the old provisions of this Prize List. If I am sign									
	nd. BOD 1/23/11 Effective 12/1/11		•	-	•	org. ratar o orrain ria.				
Rider/Driver/Handler (mandatory) Ow		Owner/Agent (mandator	wner/Agent (mandatory)		mandatory)		Coach	Coach (if applicable) Signature Print Name:		
Signature		Signature	- · 	Signatu	е		Signati	ire		
Print Nam	e:	Print Name:		Print Na	me:		Print N	ame:		
Parent/Gu	e: lardian Signature (Required if ride	er/driver/handler is a minor)		IEDOENOV O	NITA OT BUOL	IE NUMBER				
Print Pare	nt/Guardian Name: river/Vaulter a U.S. Citizen:	voe no	EIV	MERGENCY CO	DNIACIPHON	IE NUMBER _				
13 Kluei/D	Owner	no Rider		NIC ADDINESS	Tr	ainer	Total	Fees:		
Name	O WING!			Name						
							1 040	ration Fee s & Medication	. E.o. @ \$22	\$22.00
Address		_ Address		Address			Diug	s & Medicalion	1 Fee @ \$23	\$23.00 .
Phone #		Phone #		Phone #			IISE	F Show Pass F	'aa @ \$15	
USEF#		USEF#		HCEE#			USE	' SHOW I ass I	cc @ # 1 3	
Taxpay	ver Information (for Prize Money)	Distant	#2	USEF#_						
Name		Rider	πΔ	USEF#_		AVADIETO	USH	JA Shoe Pass F	Fee @ \$30	
			#2	USEF#_	CHECKS P	AYABLE TO:				
		Name	#L	USEF#_	CHECKS P	AYABLE TO: JEM FARM		JA Shoe Pass F IJA Zone Supp		
Address				USEF#	CHECKS P OLD SAL PO B	LEM FARM OX 317	US H	IJA Zone Supp		2
Address		Name	#2	USEF#	CHECKS P OLD SAI PO B NORTH SAI	LEM FARM OX 317 .EM, NY 10560	US H			
		NameAddress		USEF#	CHECKS P OLD SAI PO B NORTH SAI tel: 914	LEM FARM OX 317 LEM, NY 10560 -669-5610	US H	IJA Zone Supp		2
Address Phone #		NameAddress	**2	USEF#	CHECKS P OLD SAI PO B NORTH SAI tel: 914	LEM FARM OX 317 .EM, NY 10560	US F	IJA Zone Supp		2