Name of Horse	USEF / ID #	Color	Sex Heigh	nt Age	Green Year	Circle Size	
					1^{st} 2^{nd}	Sm Med Lg	
Rider	Age	USEF#	ASPCA#		Classes		
#1							
Rider	Age	USEF#	ASPCA#		Classes		
#2							
			l				
Fadaratian	Release, Assumption of Risk, Waiver		F Entry Agreement	voo important logal righ	eta. Dand it carefully before	olemin e	
officials, officers, directors, employees, lessee, owner, agent, coach, trainer or bodily injury including broken bones, he any Harm to me or my horse and for ar AGREE to expressly assume all risks of incurred by) the Federation and the Co Competition. I have read the Federation the Federation strongly encourages me above includes all of their officials, officer present that I have the requisite train my injury and treatment to the Federatiall terms and provisions of this Prize Limpy own hand. BOD 1/23/11 Effective 1		ers and Federation am fully aware and n. ("Harm") I AGREE horse to others, everesulting from the nespect to claims for leg GR801 and if apper equipment can guagents, personnel, e in this competition. It form.BY SIGNING ment electronically, [V]	affiliates.I AGREE that I c acknowledge that horse s to hold harmless and releist in if the Harm arises or resegligence of the Federation Harm to me or my horse, a dicable EV114, and I unde ard all of the obligation of volunteers and affiliated of the color of the	choose to participate volunts ports and the Competition ase the Federation and the sults resulted, directly or in- or the Competition. I AGR and for claims made by oth erstand that I am entitled to this Release on the child's organizations. I ed at this competition, the bound by all applicable Fe ectronic signature shall have Ory)	tarily in the Competition with my involve inherent dangerous risk e Competition from all claims for directly, from the negligence of REE to indemnify (that is, lot payers for any Harm caused by me wear protective equipment with behalf. I AGREE that "the Fede medical personnel treating my inderation Rules and all terms are the same validity, force and e Coach (if applicable Signature Print Name:	horse, as a rider, driver, has of accident, loss, and set money damages or otherwhe Federation or the Company losses, damages, or cor my horse while at the out penalty, and I acknowle ration" and "Competition" and provisions of this entry bliffect as if I affixed my signals)	
			MERGENCY CONTACT	PHONE NUMBER			
ls Rider/Driver/Vaulter a U.S. Citiz Owner	ren:yesno Rider	EMA	AIL ADDRESS	Trainer	Total Fees:		
Name			Nama	Trainer			
Address					1 cacration 1 cc	on Fee @ \$23 <u>\$23.00</u>	
Phone #	Phone #		Phone #		IISEE Show Page	USEF Show Pass Fee @ \$45	
USEF#	USEF#		USEF#				
Taxpayer Information (for Prize	Money) Rider	#2	CHE	ECKS PAYABLE TO:	USHJA Shoe Pass	Fee @ \$30	
Name	Name			SALEM FARM	US HJA Zone Sup	port Fee @ \$2	
Address	Address		NORT	PO BOX 317 ГН SALEM, NY 10560	30X 317 LEM, NY 10560 Office Fee @ \$35 \$35.00		
Phone #	USEF #			tel: 914-669-5610 fax: 914-669-8532			
SS #	SignatureX				TOTAL FEES		