

| Name of Horse | USEF / ID # | Color | Sex | Height | Age | Green Year | | Circle Size | | |
|---------------|-------------|-------|-----|--------|-----|-----------------|-----------------|-------------|-----|----|
| | | | | | | 1 st | 2 nd | Sm | Med | Lg |
| | | | | | | | | | | |

| Rider | Age | USEF # | ASPCA # | Classes | | | | | | | | | |
|-------|-----|--------|---------|---------|--|--|--|--|--|--|--|--|--|
| #1 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Rider | Age | USEF # | ASPCA # | Classes | | | | | | | | | |
|-------|-----|--------|---------|---------|--|--|--|--|--|--|--|--|--|
| #2 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

FEDERATION ENTRY AGREEMENT By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulteur or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of _____ (Competition). I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable-casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4. **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.

| | | | |
|---|--------------------------------|--------------------------------------|------------------------------|
| Rider/Driver/Handler (mandatory) | Owner/Agent (mandatory) | Trainer (mandatory) | Coach (if applicable) |
| Signature _____ | Signature _____ | Signature _____ | Signature _____ |
| Print Name: _____ | Print Name: _____ | Print Name: _____ | Print Name: _____ |
| Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ | | | |
| Print Parent/Guardian Name: _____ | | | |
| Is Rider/Driver/Vaulteur a U.S. Citizen: <u>yes</u> <u>no</u> | | EMERGENCY CONTACT PHONE NUMBER _____ | |
| | | EMAIL ADDRESS _____ | |

| Owner | | Rider #1 | Trainer | OFFICE FEE |
|--|-----------------|---------------|---|---------------------------|
| Name _____ | Name _____ | Name _____ | Name _____ | \$35 |
| Address _____ | Address _____ | Address _____ | Address _____ | |
| Phone # _____ | Phone # _____ | Phone # _____ | Phone # _____ | |
| USEF# _____ | USEF# _____ | USEF# _____ | USEF# _____ | |
| Taxpayer Information (for Prize Money) | | Rider #2 | CHECKS PAYABLE TO: OLD SALEM FARM PO BOX 317 NORTH SALEM, NY 10560 tel: 914-669-5610 fax: 914-669-8532 | CREDIT CARD NUMBER _____ |
| Name _____ | Name _____ | | | EXP DATE _____ CODE _____ |
| Address _____ | Address _____ | | | |
| Phone # _____ | USEF # _____ | | | SIGNATURE _____ |
| SS # _____ | Signature _____ | | | |