OLD SALEM FARM							MARCH 24-27, 2022					
Name of Horse	USEF / ID #	Color	Sex Heig	jht	Age					SIZE	SIZE	
						1 st		2nd		Sm Med Lg		
Rider	Age	USEF#	ASPCA#				Classes					
#1												
Rider	Age	USEF#	ASPCA#		Classes							
#2												
	I		 	+								
entering a Federation-licensed Competition and si												
Inpetition for the promotion, coverage or benefit of irrevocably waive and release any rights in connection is of the State of New York, and any action institutes, and policies including the USEF Safe Sport Polimitting this Agreement electronically, I acknowled in the Index (Mandatory) in the In	nection with such use, including any claim ted against the Federation must be filed icy and Minor Athlete Abuse Prevention edge that my electronic signature shall Owner/Agent (mandatory) Signature Print Name:	im to compensation, in in New York State. See Policies (MAAPP) as pi have the same validi	nvasion of privacy, right of GR908.4.BY SIGNING BE sublished at www.usef.org ity, force and effect as Trainer (mandat	f publicity, of ELOW, I AGRI g, as amended if I affixed Interval	r to misapp EE that I ha ed from tim my signatu	ropriation. ave read, use to time, are by my c	The construction of the co	tion and ap nd agree to lterms and	plication of F be bound b provisions of	Federation ru y all applica f this Prize I	lles are governed ble Federation By List. If I am signi	
Parent/Guardian Signature (Required if r Print Parent/Guardian Name:	ider/driver/nandier is a minor) _	EMER	GENCY CONTACT P	HONE NU	MBER	_						
Rider/Driver/Vaulter a U.S. Citizen:	D: 1					EMAILAD	DDRESS_					
Owner Name	Rider		Nama	Train								
Address	NameAddress		NameAddress				OFFICE FEE \$45 COVID FEE \$10					
							USEF	SHOW	PASS \$45			
Phone #	Phone #		Phone #				USHJA SHOW PASS \$30 _ — DRUG AND MED FEE \$23					
JSEF#	USEF#		USEF#				USHJA ZONE SUPPORT FEE \$7 STALL FEE \$225					
Taxpayer Information (for Prize Mone	y) Rider:	#2					JIAL	L LL J	223			
Y	Name			IECKS PAY		=	CDED		NUMBER			
NameAddress			— OL	D SALEN PO BOX		1	CRED	II CARD	NUMBER			
rudi ess	Address		NOR	RTH SALEM	I, NY 1056	0						
Phone #	USEF #			tel: 914-66 fax: 914-66								
SS#	SignatureX			>1. 00	.		EXP	DATE		COD	E	
	SignatureA											
							SIGN	ATURE				