

OWNER				RIDER				TRAINER										
Owner Name	Rider Name	Trainer Name		Address	Address	Address		City	City	City	State	State	State	ZIP	ZIP	ZIP		
Address	Address	Address		City	City	City		State	State	State	State	State	State	ZIP	ZIP	ZIP		
City	City	City		Phone	Phone	Phone		E-Mail	E-Mail	E-Mail	E-Mail	E-Mail	E-Mail	Cell Phone	Cell Phone	Cell Phone		
Social Security # or TIN #	USEF/USHJA#	PCHA	EC	USEF/USHJA#	USEF/USHJA#	PCHA	EC	Date of Birth	Date of Birth	Barn Phone	USEF/USHJA#	PCHA	EC					
Phone	USEF/USHJA#	PCHA	EC	USEF/USHJA#	USEF/USHJA#	PCHA	EC	PCHA	PCHA	USEF/USHJA#	PCHA	EC						
USEF/USHJA#	USEF/USHJA#	PCHA	EC	USEF/USHJA#	USEF/USHJA#	PCHA	EC	PCHA	PCHA	USEF/USHJA#	PCHA	EC						
Prize money paid to if other than owner																		
Name	Rider Name	RIDER		Address	Address	Address		Date of Birth	Date of Birth	Signature	VISA/MC #		CREDIT CARD PAYMENT					
Address	Address	Address		USEF/USHJA#	USEF/USHJA#	PCHA	EC	ASPCA#	ASPCA#	Print Name	Exp. Date		State					
City	City	City		USEF/USHJA#	USEF/USHJA#	PCHA	EC	ASPCA#	ASPCA#	Print Name	Exp. Date		State					
Social Security # or TIN #	USEF/USHJA#	PCHA	EC	USEF/USHJA#	USEF/USHJA#	PCHA	EC	ASPCA#	ASPCA#	Print Name	Exp. Date		State					
NAME OF HORSE																		
				AGE	COLOR	SEX	HEIGHT		RIDER								DIVISIONS / CLASSES	
				1st Yr	2nd Yr	Sm	Md	Lg										
				Please Circle below if applicable														
USEF Release, Assumption of Risk, Waiver and Indemnification																		
<p>UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT</p> <p>I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this 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 rights to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State.</p> <p>Release, Assumption of Risk, Waiver and Indemnification</p> <p>This document waives important legal rights. Read it carefully before signing.</p> <p>I AGREE in consideration for my participation in this Competition to the following:</p> <p>I AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, personnel, volunteers and affiliated organizations.</p> <p>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 a 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").</p> <p>I AGREE to hold harmless and release the Federation and 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.</p> <p>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.</p> <p>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.</p> <p>I have read the Federation Rules about protective equipment, including GR801 and, if applicable, EVI 14 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.</p> <p>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.</p> <p>I represent that I have the requisite training, coaching and abilities to safely compete in this competition.</p> <p>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 MANDATORY</p>																		
OWNER/AGENT																		
				SIGNATURE:				SIGNATURE:				SIGNATURE:						
				Is Rider/Handler a U.S. Citizen (please circle): YES NO				Is Rider/Handler a U.S. Citizen (please circle): YES NO				Is Rider/Handler a U.S. Citizen (please circle): YES NO						
				Print Name:				Print Name:				Print Name:						
				Parent/Guardian Sig.:				Parent/Guardian Sig.:				Parent/Guardian Sig.:						
				(Required if Rider/Handler is a minor)				(Required if Rider/Handler is a minor)				(Required if Rider/Handler is a minor)						
				Print Name:				Print Name:				Print Name:						
RIDER/HANDLER																		
TOTAL ENTRY FEES FROM ABOVE:																		
<p>Horse Deposit \$50</p> <p>Stalls for week 1 @ \$260</p> <p>High Jumper Nominating Fee, \$150</p> <p>Low Jumper Nominating Fee, \$50</p> <p>Hunter / EQ Fee, \$50</p> <p>RV parking hook-ups @\$500 / Week -</p> <p>Shavings & Manure Disposal Fee, \$60 per horse</p> <p>Patron's Tables, \$2200, \$1150, \$325, \$175, \$20</p> <p>Ringside Tents, \$150 / Week</p> <p>Convenience Fee (Credit Cards) \$40</p> <p>USEF Fee, \$23 per horse (Drugs & Meds \$15, USEF \$8)</p> <p>USEF Show Pass fee, \$45</p> <p>USHJA Show Pass Fee, \$30</p> <p>USHJA Support Fee \$7</p> <p>PCHA Fee \$3</p> <p>TOTAL AMOUNT OWED:</p>																		
OWNER/HANDLER																		
MANDATORY																		
				SIGNATURE:				SIGNATURE:				SIGNATURE:						
				Is Rider/Handler a U.S. Citizen (please circle): YES NO				Is Rider/Handler a U.S. Citizen (please circle): YES NO				Is Rider/Handler a U.S. Citizen (please circle): YES NO						
				Print Name:				Print Name:				Print Name:						
				Parent/Guardian Sig.:				Parent/Guardian Sig.:				Parent/Guardian Sig.:						
				(Required if Rider/Handler is a minor)				(Required if Rider/Handler is a minor)				(Required if Rider/Handler is a minor)						
				Print Name:				Print Name:				Print Name:						
<p>CHECKS PAYABLE TO: Oregon High Desert Classic #1 (US Funds)</p> <p>MAIL TO: Adrienne Karazissis (818) 987-3336</p> <p>PO Box 1092, Camarillo, CA 93011</p> <p>NO FAXED ENTRIES</p>																		
<p>Emergency Contact Phone Number: _____ Stable With: _____</p> <p>Arrival Date: _____</p> <p>Total Enclosed \$ _____</p> <p>Exhibitors may enter on line by credit card only, at www.horshowtime.com or equestrianconnect.com</p>																		