

OWNER			RIDER			TRAINER		
Owner Name	Rider Name	Trainer Name	Address	Address	Address	City	City	City
Address	Address	Address	City	City	City	State	State	State
City	City	City	State	State	State	ZIP	ZIP	ZIP
Social Security # or TIN #	E-Mail	E-Mail	USEF/USHJA#	USEF/USHJA#	USEF/USHJA#	POCHA	POCHA	EC
Phone	Phone	Phone	DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH	CELL PHONE	CELL PHONE	CELL PHONE
USEF/USHJA#	USEF/USHJA#	USEF/USHJA#	EC	EC	EC	POCHA	POCHA	EC

PRIZE MONEY PAID TO IF OTHER THAN OWNER			RIDER			RIDER		
Name	Rider Name	VISA/MC #	Address	Address	Address	City	City	City
Address	Address	Address	City	City	City	State	State	State
City	City	City	State	State	State	ZIP	ZIP	ZIP
Social Security # or TIN #	EC	EC	USEF/USHJA#	USEF/USHJA#	USEF/USHJA#	POCHA	POCHA	EC
Signature	Signature	Signature	DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH	CELL PHONE	CELL PHONE	CELL PHONE
Print Name	Print Name	Print Name	ASPCA#	ASPCA#	ASPCA#			

NAME OF HORSE				AGE		COLOR		SEX		HEIGHT	
Please Circle below if applicable				1st Yr	2nd Yr	Sm	Md	Lg			

**USEF Release, Assumption of Risk, Waiver and Indemnification**

**UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT**

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.

**Release, Assumption of Risk, Waiver and Indemnification**

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition to the following:

- I AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, personnel, volunteers and affiliated organizations.
- 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").
- 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.

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. 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.

I have read the Federation Rules about protective equipment, including GR801 and, if applicable, EV114 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.

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.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

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

MANDATORY		OWNER/AGENT		RIDER/HANDLER		TRAINER	
SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:
Print Name:	Print Name:	Print Name:	Print Name:	Print Name:	Print Name:	Print Name:	Print Name:
Parent/Guardian Sig.:	Parent/Guardian Sig.:	Parent/Guardian Sig.:	Parent/Guardian Sig.:	Parent/Guardian Sig.:	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)	(Required if Rider/Handler is a minor)	(Required if Rider/Handler is a minor)	(Required if Rider/Handler is a minor)	(Required if Rider/Handler is a minor)	(Required if Rider/Handler is a minor)
Emergency Contact Phone Number:	Emergency Contact Phone Number:	Emergency Contact Phone Number:	Emergency Contact Phone Number:	Emergency Contact Phone Number:	Emergency Contact Phone Number:	Emergency Contact Phone Number:	Emergency Contact Phone Number:
Stable With:	Stable With:	Stable With:	Stable With:	Stable With:	Stable With:	Stable With:	Stable With:
Arrival Date:	Arrival Date:	Arrival Date:	Arrival Date:	Arrival Date:	Arrival Date:	Arrival Date:	Arrival Date:

Payment # \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_ Exhibitors may enter on line by credit card only, at www.horseshowtime.com or equestrianconnect.com

CHECKS PAYABLE TO: Oregon High Desert Classic #2 (US Funds)  
 MAIL TO: Adrienne Karazissis (818) 987-3336  
 PO Box 1092, Camarillo, CA 93011  
 NO FAXED ENTRIES