

**PAYMENT TO COVER ALL FEES  
MUST ACCOMPANY ENTRIES**

**NO INITIAL BEDDING**

**UPHA CHAPTER V HORSE SHOW**

**May 7 – 9, 2009**

**Entries close April 5, 2009**

PLEASE PRINT OR TYPE (Fill out completely)

ONE ENTRY PER ENTRY FORM

**Make Checks payable and mail to**

**UPHA Chapter 5 Horse Show**

**5985 Cuthbert Road**

**White Lake, MI 48386**

Owner \_\_\_\_\_ USEF # \_\_\_\_\_ ASHA# \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Trainer \_\_\_\_\_ USEF # \_\_\_\_\_ ASHA# \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Make Checks payable to: \_\_\_\_\_ Social Security /Tax ID \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office use		Horse Name			Registration #		USEF #	
Color		Sex		Age		Height		
Class #							Total Fees	
Entry Fee								
Rider					USEF#		ASHA #	

	<b>TOTAL ENTRY FEES</b>	\$
#	<b>STALLS @ \$75 EACH</b>	\$
#	<b>LATE ENTRY STALLS @ \$90 each</b>	\$
	<b>GROUNDS FEE @ \$25 (showing but not using a stall)</b>	\$
#	<b>USEF DRUG FEE @ \$15 PER HORSE (\$7 Drug &amp; Med/\$8 Horse)</b>	\$
#	<b>USEF NON-MEMBER FEE @ \$30</b>	\$
	<b>USEF AMATEUR FEE @ \$30</b>	\$
#	<b>RINGSIDE TABLE @ \$150 EACH</b>	\$
#	<b>OFFICE FEE PER ENTRY</b>	<b>\$ 15</b>
#	<b>BAG SHAVINGS @ \$9 PER BAG</b>	
#	<b>HORSE SHOW SPONSORSHIP</b>	\$
	<b>TOTAL REMITTANCE</b>	\$

I would like to donate my winnings to support the UPHA Chapter V Horse Show

*Premium Checks not cashed within 90 days of issue will be voided and monies refunded to UPHA Chapter 5 Horse Show.*

**USEF ENTRY AGREEMENT ON THE BACK MUST BE SIGNED.** Signed: YES NO

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ WE ALSO ACCEPT: VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_

CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARD HOLDER NAME (please print) \_\_\_\_\_ CARD HOLDER SIGNATURE \_\_\_\_\_

\* Post Entries will be accepted based on stabling availability – NOTE Late Stall Fee

WILL ARRIVE \_\_\_\_\_

ALL HORSES MUST HAVE NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF SHOW, AND HEALTH PAPERS FOR ALL OUT-OF-STATE HORSES CURRENT WITHIN 30 DAYS

## **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, Vaultor 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 the competition. I agree to be bound by the Bylaws and Rules of the Federation and 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, 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 State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

### **Federation 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 UPHA Chapter 5 Horse Show to the following:

I AGREE that I choose to participate voluntarily in the UPHA Chapter 5 Horse Show with my horse, as a rider, driver, handler, vaultor, longeur, lessee, owner, agent, coach, trainer, or as 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 release the Federation and the UPHA Chapter 5 Horse Show from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Federation or the UPHA Chapter 5 Horse Show.

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 UPHA Chapter 5 Horse Show.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the UPHA Chapter 5 Horse Show 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 at the UPHA Chapter 5 Horse Show. I have read the Federation Rules about protective equipment, including GR801 and 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 assume all of the obligations of this Release on the child's behalf.

I AGREE that "the Federation" and "UPHA Chapter 5 Horse Show" as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I AGREE that if I am injured at this UPHA Chapter 5 Horse Show, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form.

I represent that I have the requisite training, coaching and abilities to safely compete in this UPHA Chapter 5 Horse Show.

**BY SIGNING BELOW, I AGREE** to be bound by all applicable Federation Rules and all terms and provisions of this entry blank

*Sign corresponding line for rider, owner, trainer.*

	SIGNATURE	PRINT NAME
Rider/Driver/Handler (mandatory)		
Rider/Driver/Handler (mandatory)		
Owner/Agent (mandatory)		
Trainer (mandatory)		
Coach (if applicable)		
Parent/Guardian (required if rider, driver, handler is a minor)		

**Emergency Contact Phone No.** \_\_\_\_\_

**Is Rider/Driver/Vaultor a U.S. Citizen:**                      **Yes**                                      **No**