

OLD SALEM FARM HORSE SHOW

DATE: _____

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														

USEF Entry Agreement

I have read the USEF ("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 right to the use of my photos at the competition and agree that any actions against the Federation must be brought in New York State.

USEF 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 - Old Salem Farm Horse Shows to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, 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.

I AGREE to release the Federation and the Competition 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 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, lot 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 at the Competition. 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 have read the Federation Rules about protective equipment, including GR801 and EV113, 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 all of the obligation of this Release on the child's behalf.

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

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 the official USEF accident/injury report form.

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

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: _____

EMERGENCY CONTACT PHONE NO. _____

Is Rider/Driver/Vaulter a U.S. Citizen: yes no

Owner		Rider #1	Trainer	Total Fees:
Name _____	Name _____	Name _____	Name _____	Federation Fee @ \$8
Address _____	Address _____	Address _____	Address _____	Drugs & Medication Fee @ \$7 <u> \$15.00 </u>
Phone # _____	Phone # _____	Phone # _____	Phone # _____	Jr Non Member Fee @ \$30 _____
USEF# _____	USEF# _____	USEF# _____	USEF# _____	Sr Non Member Fee @ \$30 _____
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	Stall Fee
Name _____	Name _____	Name _____		B or C rated show
Address _____	Address _____	Address _____		Day @ \$40 _____
Phone # _____	USEF # _____	USEF # _____		Overnight @ \$65 _____
SS # _____	SignatureX _____	SignatureX _____		A Rated Show @ \$125 _____
				Office fee @ \$25 _____
				TOTAL FEES _____

