

Emergency Contact Person/Telephone Number: _____

SHAVINGS PREORDER # _____

Name of Horse	USHJA #	Height	Color	Sex	Age	Green Year	MUST COMPLETE FOR PRIZE MONEY
						1 OR 2	NAME MUST MATCH IRS RECORDS
Classes Entered	Name of Rider(s)		Age				
	1 st Rider						Social Security or FED ID #:
	2 nd Rider						

Rider 1-if applicable	NEHC#	CHJA #	CHSA#	ASPCA#
Rider 2 - if applicable:	NEHC#	CHJA #	CHSA #	ASPCA #

\$ _____ payment amount

MAKE CHECKS PAYABLE TO:

Shallowbrook
 %2344 Laurel Road
 Jacksonville, FL 32207
 904-396-4106 (fax & phone)
**Open Check or Complete Card information
 Required to Pick-Up Exhibitor #**

Federation 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 the Federation Rules, the Prize List and local rules of the competition. I agree to waive the right to the use of my photos from the Competition, and agree that any actions against the Federation must be brought in the New York State. I understand that under the state Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities. ANY ACTION INSTITUTED AGAINST THIS COMPETITION or COMPETITION MANAGEMENT, INCLUDING ITS PRINCIPALS AND AGENTS, MUST BE FILED IN THE STATE OF CONNECTICUT

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 Competition to the following:

I AGREE that "the Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longear, 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 hold harmless and 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 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 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. **ALL SIGNATURES MUST BE BY SOMEONE AGE EIGHTEEN (18) OR OLDER; NO MINOR MAY SIGN ON ANY LINE.**

- Prepaid Stall # _____ \$ 175**
- Stall Fee # _____ \$ 185**
- VIP Table # _____ \$ 150**
- Office Fee \$ 35**
- USEF(D&M\$7, USEF\$8) \$ 15**
- USEF Non Member \$ 30**
- USHJA Non Member \$ 30**
- USHJA Zone Assessment \$ 2**
- Late Fee \$ 35**
- OTHER FEES MAY APPLY: READ THE PRIZE LIST AND USEF RULE BOOK**

Coach's name _____

Signature:

OWNER/AGENT	TRAINER	RIDER I (parent-guardian if minor)	RIDER II (parent-guardian if minor)
signature:	signature:	signature:	signature:
Name:	Name:	Name:	Name:
Address	Address	Address	Address
City	City	City	City
State ZIP	State ZIP	State ZIP	State ZIP
Telephone#	Telephone#	Telephone#	Telephone#
Email:	Email:	Email:	Email:
USEF#	USEF#	USEF	USEF