

Carriage House Horse Show

Entries close July -1, 2019

Enclose Copies of & Vaccinations

PRINT
Owner Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____
 SS/Fed ID# _____
 Please send copies of USEF/USHJA Membership Cards & Measurement Cards
 See below for signatures

Make checks payable to: Carriage House
Mail entries to: Patty Humphries
 229 Ridgewood Court
 Waconia, MN 55387
 952-442-5321

USEF/USHJA# _____
 Please send copies of USEF/USHJA Membership Cards
 See below for signatures

HORSE NAME		USEF HORSE#	RIDER	Age
Color	Sex	EC HORSE#	RIDER	Age
	Ht	Green height		

I have read the USEF Entry Agreement (GR 906.4) as printed in the Prize List for Carriage House Horse Show 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 from the competition, and agree that any actions against the Federation must be brought in New York State.

USEF 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, Carriage House Horse Show, 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 affiliated organizations.
 I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware 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 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, EY114, 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 participating in this competition.
 I AGREE 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 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.
 I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry, blank and all terms and Provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that any electronic signature shall have the same validity, force and effect as if I affixed by hand.

X _____
Rider/Driver/Handler (mandatory)
 (Parent/Guardian if Rider/Driver/Vaulter/
 Longeur is a minor)
 Print Name _____
 Signature _____
 X _____
Trainer Signature (mandatory)
 Print Name _____
 Signature _____
 X _____
Coach Signature
 Print Name _____
 Signature _____
 X _____
Rider/Driver/Handler (mandatory)
 Parent/Guardian if Rider/Driver/Vaulter/
 Longeur is a minor
 Print Name _____
 Signature _____
 X _____
Rider/Driver/Handler (mandatory)
 Parent/Guardian if Rider/Driver/Vaulter/
 Longeur is a minor
 Print Name _____
 Signature _____
 X _____
Owner Agent Signature (mandatory)
 Print Name _____
 Signature _____
 Emergency Contact Phone Number _____
 Parent/Guardian Name _____ Yes ___ No ___
 Is Rider/Driver/Vaulter a U.S. Citizen: _____

PRINT
Trainer Name _____
 Barn Name _____
 Address _____
 City/State/Zip _____
 Cell Phone _____
 Barn Phone _____
 USEF/USHJA# _____
 Please send copies of USEF/USHJA Membership Cards
 See below for signatures

CLASSES _____

CLASSES _____

PRINT
Rider Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____
 ASPCA# _____
 Please send copies of USEF/USHJA numbers/measurements
 See below for signatures

PRINT
Rider Name _____
 Address _____
 City/ State/Zip _____
 Phone _____
 USEF/USEJA# _____
 ASPCA# _____
 Please send copies of USEF/USHJA numbers/measurements
 See below for signatures

Total Class Fees \$ _____
 Stabling Fee: \$175/week \$ _____
 Office/Facility Fee \$40.00
 USEF (Drug \$15-USEF \$8) \$ 23.00
 USEF Show Pass \$ 45.00
 USHJA Show Pass \$ 30.00
 USHJA \$2.00 zone fee \$ 2.00
 Medic Fee \$10.00 \$ 10.00
 Late Fee (if Postmarked after 7/1/19) \$ 50.00
 Amount Enclosed \$ _____
 Stable With _____
 Check # _____