

Chagrín Valley Farms  
Jan - April 2010 A Shows

Mail entries and make checks payable to:  
Chagrín Valley Farms  
P.O. Box 714  
Chagrín Falls, OH 44022

Arrival Date \_\_\_\_\_  
Departure Date \_\_\_\_\_  
No. \_\_\_\_\_

Horse's Name		Horse's USEF #		Color		Sex		Height		Year Foaled		Breed/Country of Origin		Sirex/Dam/Site of Dam		Measurement Card		A-O Age							
CHECK BOXES FOR HUNTER AND JUMPER SECTIONS (If more than one rider, please clearly indicate who is riding in each section of class)		Very Green Hunter	Baby Green Hunter	Low Working Hunter	Open Hunter	Pregreen Hunter	Green Hunter	Regular Hunter	Junior Hunter	Amateur Hunter	Low Adult Hunter	Adult Amateur Hunter	Childrens Hunter	Pony Small	Pony Medium	Pony Large	Green Hunter	Intermed. Rider	Childrens Hunter	Low Hunter	Training Jumper	School Jumper	Children-Adult Jumper	Junior-A/O Jumper	Modif. Jumper
Limit Rider		Short Stirrup	Limit Rider	Short Stirrup	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq
Check boxes for Equitation On the Flat Classes		Short Stirrup	Limit Rider	Short Stirrup	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq	Flat Eq
Write in Class Numbers for Individual Classes		_____																							

**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, Vaulteur 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 of 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, **broadcasts, internet, film, new media** 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 laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

**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 [Chagrín Valley Farms] 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, vaulteur, 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 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 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.

Owner USEF# _____		Trainer USEF# _____		TOTAL ENTRY FEE	
Owner _____		Trainer _____		STALLS: PREPAID: \$100.00	
Street Address _____		Street Address _____		WEEKEND AT SHOW: \$120.00	
City/State/ZIP _____		City/State/ZIP _____		OVERNIGHT: \$50.00; DAY: \$25.00	
Phone /Fax# _____		Phone# /Fax# _____		TACK STALL \$100.00	
SS#/TIN# _____		Trainer Signature _____		NON-SHOWING HORSE \$50.00	
Name Associated with SS/TIN _____		Coach _____		NON-MEMBER FEES (please circle)	
Owner/Agent Signature _____		Coach Signature _____		USHJA: \$30.00	
Rider #1 _____		Rider #2 _____		USEF DRUG TESTING FEE PER HORSE (D & M: \$7.00; USEF: \$8.00) \$15.00	
DOB _____		DOB _____		NOMINATING FEE: \$75.00	
USEF# _____ ASPCA# _____		USEF# _____ ASPCA# _____		USHJA Zone Support Fee	
Street Address _____		Street Address _____		GROUNDS FEE	
City/State/ZIP _____		City/State/ZIP _____		Total Amount Due	
Rider/Agent Signature _____		Rider/Agent Signature _____		Amount Enclosed	
Parent Signature (for junior riders) _____		Parent Signature (for junior riders) _____		Balance Due	
Emergency Contact Phone No. _____		Emergency Contact Phone No. _____		RCVD. CHK. # _____	
				CHK. # _____	