

Make checks payable to:
Chagrin Valley Farms, P.O. Box 714, Chagrin Falls, OH 44022

Arrival Date

Departure Date

No.

Horse's Name						Horse's USEF #						Color		Height								Measurement Card		A-O Age						
USE RIDER NUMBER #1 or #2)TO INDICATE Section and Rider	Low Working Hunter	Baby Green Hunter	Very Green Hunter	Suitable Hunter	Junior Hunter 3'3"	Junior Hunter		Amateur Owner 3'3"	Amateur Owner 3'6"	Adult Amateur Hunter	Low Adult Hunter	Childrens Pony Hunter	Pony Hunter			Green Pony Hunter			Beginner Rider	Limit Rider	Short Stirrup	Training	Schooling Jumper	Int Child Adult Jumper	Low Child/Ad Jumper	Children- Adult Jumper	Junior- A/O Jumper	Modif. Jumper		
						S	L	Y	O	Y	O	Y	O		s/m	L	S	M	L	S	M	L		L	H		C	A	J	A
	Green Hunter 3'	Green Hunter 3' 3"	Green Hunter	Childrens Hunter	Low Childrens Hunter	Special Hunter	Non Pro		Adult Rider	Low Inter	Perfor- mance 3' 3"	Perfor- mance 3' 6"							Write in Class Numbers and rider number for Individual Classes											
			1	2																										
Classes												Sections																		

UNITED STATES EQUESTRIAN FEDERATION, INC. 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 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.

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 above includes 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, 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 and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

Owner USEF# _____		Trainer USEF# _____		TOTAL ENTRY FEE		
Owner _____		Trainer _____				
Street Address _____		Street Address _____		STALLS: PREPAID: \$100.00		
City/State/ZIP _____		City/State/ZIP _____		WEEKEND AT SHOW: \$120.00		
Phone /Fax# _____		Phone#/Fax# _____		OVERNIGHT: \$50.00; DAY: \$25.00		
SS#/TIN# _____		Trainer Signature _____		TACK STALL \$100.00		
Name Associated with SS/TIN _____		Coach _____ Coach USEF# _____		NON-SHOWING HORSE \$50.00		
Owner/Agent Signature _____		Coach Signature _____		SHOW PASS FEE (please circle)		
				USHJA: \$30.00 USEF: \$45.00		
				USEF DRUG TESTING FEE PER HORSE (D & M: \$15.00; USEF: \$8.00)		\$23.00
				NOMINATING FEE: \$75.00		
Rider #1 _____		Rider #2 _____		USHJA Zone Support Fee		\$ 7.00
DOB _____		DOB _____		GROUNDS FEE		\$35.00
USEF# _____ ASPCA# _____		USEF# _____ ASPCA# _____		TRAILER IN FEE \$20.00 PER DAY		
Street Address _____		Street Address _____		OFFICE FEE		\$25.00
City/State/ZIP _____		City/State/ZIP _____				
Rider/Agent Signature _____		Rider/Agent Signature _____		RCVD. CHK. #		CHK. #
Parent Signature (for junior riders) _____		Parent Signature (for junior riders) _____				Total Amount Due
Emergency Contact Phone No. _____		Emergency Contact Phone No. _____				Amount Enclosed
						Balance Due