

**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
<b>USE RIDER NUMBER (#1 or #2) TO INDICATE Section and Rider</b>	Low Working Hunter	Amateur Owner 33"	Childrens Pony Hunter	Training	Children-Adult Jumper
	Baby Green Hunter	Junior Hunter 33"	Low Adult Hunter	Short Stirrup	Junior-A/O Jumper
	Very Green Hunter	Amateur Owner 36"	Amateur Hunter	Beginner Rider	Adult Jumper
	Suitable Hunter	Amateur Owner 36"	Amateur Hunter	Green Pony Hunter	Children-Adult Jumper
Green Hunter 3'3"	Junior Hunter 33"	Amateur Hunter	Pony Hunter	Limit Rider	Modif. Jumper
Green Hunter 3'3"	Special Hunter	Low Inter	S M L S M L	Write in Class Numbers and rider number for Individual Classes	
1 2	Childrens Hunter	Perfor- mance 3'3"			
	Low Childrens Hunter	Perfor- mance 3'6"			

Classes

**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 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 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 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 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 GR901 and, if applicable, EV114 and 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, as a parent or guardian of a junior exhibitor, 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# _____ Owner _____ Street Address _____ City/State/ZIP _____ Phone /Fax# _____ SS#/TIN# _____ Name Associated with SS/TIN _____ Owner/Agent Signature _____ Rider #1 _____ DOB _____ USEF# _____ ASPCA# _____ Street Address _____ City/State/ZIP _____ Rider/Agent Signature _____ Parent Signature (for junior riders) _____ Emergency Contact Phone No. _____	Trainer USEF# _____ Trainer _____ Street Address _____ City/State/ZIP _____ Phone# /Fax# _____ Trainer Signature _____ Coach USEF# _____ Coach _____ Coach Signature _____ Rider #2 _____ DOB _____ USEF# _____ ASPCA# _____ Street Address _____ City/State/ZIP _____ Rider/Agent Signature _____ Parent Signature (for junior riders) _____ Emergency Contact Phone No. _____
<b>TOTAL ENTRY FEE</b>	
STALLS: PREPAID: \$100.00 WEEKEND AT SHOW: \$120.00 OVERNIGHT: \$50.00; DAY: \$25.00 TACK STALL: \$100.00 NON-SHOWING HORSE \$50.00 SHOW PASS FEE (please circle) USEF: \$45.00 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 USHJA Zone Support Fee \$ 2.00 GROUNDS FEE \$25.00 TRAILER IN FEE \$20.00 PER DAY OFFICE FEE \$20.00	
	RCVD. CHK. # _____ CHK. # _____ Total Amount Due Amount Enclosed _____ Balance Due _____