

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

Arrival Date	Departure Date	No.
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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 3'3"	Amateur Owner 3'3"	Amateur Owner 3'6"	Adult Amateur Hunter	Low Adult Hunter	Perfor- mance Hunter 3' 3"	Childrens Pony Hunter	Pony Hunter	Green Pony Hunter	Beginner Rider	Limit Rider	Short Stirrup	Specialty Int Child Jumper	Low Child/Ad Jumper	Children- Adult Jumper	Junior- A/O Jumper	Modif. Jumper	
	Green Hunter 3'	Green Hunter 3' 3"	Green Hunter	Childrens Hunter	Low Childrens Hunter	Special Hunter	Non Pro	Adult Rider	Low Inter	Perfor- mance Hunter 3' 3"	Perfor- mance Hunter 3' 6"	S	M	L	S	M	L	L	H	C	A	J	A
	1	2																					
	UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT																						
	<p>I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906-A) 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.</p> <p>Release, Assumption of Risk, Waiver and Indemnification This document waives important legal rights. Read it carefully before signing.</p> <p>I AGREE in consideration for my participation in this 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 and 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. I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if affixed by my own hand.</p>																						
	<p>Sections</p>																						

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