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 S	Junior Hunter L	Amateur Owner 3'3" Y	Amateur Owner 3'3" O	Amateur Owner 3'6" Y	Amateur Owner 3'6" O	Adult Amateur Hunter Y	Adult Amateur Hunter O	Low Adult Hunter	Childrens Pony Hunter s/m	Childrens Pony Hunter L	Pony Hunter S	Pony Hunter M	Pony Hunter L	Green Pony Hunter S	Green Pony Hunter M	Green Pony Hunter L	Beginner Rider	Limit Rider	Short Stirrup	Training	Schooling Jumper L	Schooling Jumper H	Int Child Adult Jumper	Low Child/Ad Jumper	Children-Adult Jumper C	Children-Adult Jumper A	Junior-A/O Jumper J	Junior-A/O Jumper A	Modif. Jumper
Green Hunter 3'	Green Hunter 3' 3"	Green Hunter 1	Green Hunter 2	Childrens Hunter	Low Childrens Hunter	Special Hunter	Non Pro		Adult Rider		Low Inter		Performance 3' 3"	Performance 3' 6"								**Write in Class Numbers and rider number for Individual Classes**												

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# _____
Owner _____
Street Address _____
City/State/ZIP _____
Phone /Fax# _____
SS#/TIN# _____
Name Associated with SS/TIN _____
Owner/Agent Signature _____

Trainer USEF# _____
Trainer _____
Street Address _____
City/State/ZIP _____
Phone#/Fax# _____
Trainer Signature _____
Coach _____ Coach USEF# _____
Coach Signature _____

Rider #1 _____
DOB _____
USEF# _____ ASPCA# _____
Street Address _____
City/State/ZIP _____
Rider/Agent Signature _____
Parent Signature (for junior riders) _____
Emergency Contact Phone No. _____

Rider #2 _____
DOB _____
USEF# _____ ASPCA# _____
Street Address _____
City/State/ZIP _____
Rider/Agent Signature _____
Parent Signature (for junior riders) _____
Emergency Contact Phone No. _____

TOTAL ENTRY FEE	
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) **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	