

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

Arrival Date	Departure Date	Entry #
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Horse's name	Horse's USHJA #				Color	Sex	Age	Height	Breed
OUTREACH ONLY Rider # 1	Short Stirrup	Limit Rider						Individual classes	
	Rider # 2								

UNITED STATES EQUESTRIAN FEDERATION, INC ENTRY AGREEMENT I have read the USEF Entry Agreement(GR906.4)as printed in the Prize List for this Competition & agree to all of its provisions. I understand & agree that by entering this Competition, I am subject to Federation Rules, the Prize List,& local rules of the competition. I agree to waive the right to the use of my photos at the competition, & 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 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 here includes the Licensee and Competition management, as well as all of their officials, officers, landowners, 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, 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 resulted 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 on the showgrounds prior to, during or after 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 on the showgrounds prior to, during or after 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	Trainer	Class/Section Fees (see prize list)	
USHJA # _____	USHJA # _____	STALLS: Pre-paid credit, ck#	\$125
Street Address _____	Street Address _____	Weekend	\$140
City/State/Zip _____	City/State/Zip _____	Overnight/Day	\$75/\$40
Phone # _____	Phone # _____	Tack Stall	\$125
Email _____	Email _____	Haul In Fee (per day if no stall)	\$25
Signature _____	Trainer Signature _____	Grounds Fee	\$ 35.00
Emergency # _____	Coach Signature _____	Office Fee	\$ 25.00
		ShowPass fee	EXEMPT
Rider # 1	Rider # 2	USEF Drug Testing Fee	EXEMPT
DOB _____	DOB _____	USHJA Zone Support Fee	\$3
USHJA # _____	USHJA # _____	Shavings	
Street Address _____	Street Address _____	Hay	
	City/state/Zip _____		
Rider/Agent Signature _____	Rider/Agent Signature _____	Total Amount Due	
Parent Signature, minors _____	Parent Signature, minors _____	Amount Enclosed	<i>circle one</i>
Phone # _____	Phone # _____	Cash Visa MC Discover Ck #	
Emergency phone # _____	Emergency phone # _____	Remaining Balance	
Email _____	Email _____	Additional Payment	