

ONE OWNER PER FORM USEF # _____ AMHA # _____
 UPHA # _____ USDF # _____
 OWNER _____
 ADDRESS _____
 PHONE _____
 EMAIL _____
 PLEASE STABLE WITH _____

**NEW ENGLAND REGIONAL
 MORGAN HORSE SHOW**
 JULY 23-27, 2019
 ENTRIES CLOSE JUNE 5, 2019
 NO ENTRY FEES WILL BE SPLIT AMONG EXHIBITORS.
 THE REGISTERED OWNER OR LESSEE IS
 RESPONSIBLE FOR PAYMENT OF ENTIRE ENTRY.
 Entries received after June 5 will be charged \$50 per horse.
 Entries received after July 1 will be charged \$100 per horse.

Please make checks payable to
 New England Morgan Horse Assoc.
 and return with this form to:
Linda Burke, Secretary
435 Middle Rd.
Horseheads NY 14845
607-739-6169
 Email : **LBURKE1177@yahoo.com**

EB#

Entry #	Horse Name #1				Reg. #	Sex	DOB	Sire	Dam
					USDF				
	Classes					Shown By			
	Classes					Shown By			
Entry #	Horse Name #2				Reg. #	Sex	DOB	Sire	Dam
					USDF				
	Classes					Shown By			
	Classes					Shown By			

TOTALS

HORSE #1 _____
 HORSE #2 _____
 USEF DRUG FEE
 \$23 PER HORSE _____
 (INCLUDES \$15 D&M)
 HORSE STALLS
 _____ @ \$175 _____
 TACK STALLS
 _____ @ \$175 _____
 USEF SHOW
 PASS @ \$45 _____
 AMHA
 NON-MEMBER
 FEE @ \$45 _____
 OFFICE FEE
 PER HORSE
 @ \$30 _____
 AMHA JUDGES
 EDUCATION FEE
 PER HORSE
 @ \$2.00 _____
 TRAILER IN
 @ \$25 _____
 LATE FEE (after
 June 5) \$50
 PER HORSE _____
 LATE FEE (After
 July 1) \$100
 PER HORSE _____
 OVERNIGHT
 STALL \$60 _____
 BILLING FEE
 \$25 _____
TOTAL _____

Make checks payable to New England Morgan Horse Assoc.
 Non-US checks must be marked "Payable in US Funds"
 If you wish to charge your entries, please fill out the following:
 AmEx VISA MC Discover

Rider #1 _____
 Address _____
 City, State, ZIP _____
 USEF# _____ AMHA# _____ UPHA# _____ USDF# _____
 Rider #2 _____
 Address _____
 City, State, ZIP _____
 USEF# _____ AMHA# _____ UPHA# _____ USDF# _____

EXPIRATION DATE _____ SEC CODE _____
 SIGNATURE _____

OFFICE USE ONLY

REG <input type="checkbox"/>	COG <input type="checkbox"/>	Rider #1 needs the following		Rider #2 needs the following		Owner needs the following		Trainer needs the following	
RABIES <input type="checkbox"/>	SIG <input type="checkbox"/>	USEF# <input type="checkbox"/>	AMHA# <input type="checkbox"/>	USEF# <input type="checkbox"/>	AMHA# <input type="checkbox"/>	USEF# <input type="checkbox"/>	AMHA# <input type="checkbox"/>	USEF# <input type="checkbox"/>	AMHA# <input type="checkbox"/>
PD <input type="checkbox"/>	CC <input type="checkbox"/>	UPHA# <input type="checkbox"/>	Address <input type="checkbox"/>	UPHA# <input type="checkbox"/>	Address <input type="checkbox"/>	UPHA# <input type="checkbox"/>	Address <input type="checkbox"/>	UPHA# <input type="checkbox"/>	Address <input type="checkbox"/>
CK# _____									

UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT

Please use this form to list all your customers who are to be stabled with you, including those sent in separately. Requests from entries to be stables with you will not be considered unless their name appears on the list below.

Owners Name	# Stalls
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

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. BOD 1/23/11 Effective 12/1/11

RIDER/DRIVER/HANDLER/ Vaulter/Longeur (mandatory)	OWNER/AGENT (mandatory)	TRAINER (mandatory)	COACH (if applicable)
_____	_____	_____	_____
Signature	Signature	Signature	Signature
_____	_____	_____	_____
Print Name	Print Name	Print Name	Print Name
_____	_____	_____	_____
_____	_____	AMHA _____	_____
_____	_____	USEF _____	_____

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor) _____

Is Rider/Driver/Vaulter a U.S. Citizen: Yes No Emergency Contact Phone No. _____

WARNING: Under Massachusetts Law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities. Pursuant to Chapter 128, Section 2D of the General Law.