ONE OWNER PER FORM USEF # ASHA # UPHA # AMHA # OWNER ADDRESS PHONE EMAIL PLEASE STABLE WITH					_	CHAPTER 14 UPHA SPRING PREMIER HORSE SHOW APRIL 18-21, 2018 ENTRIES CLOSE MARCH 12, 2018 POST ENTRY FEE \$25 PER HORSE AFTER MARCH 12, 2018					Please make checks payable to Chapter 14 - UPHA 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			TOTALS		
	Classes				Shown By Shown By								\$23 PER HO	-		
Entry #	Horse Name #2				Reg. #		Sex	DOB	Sire			Dam			HORSE STA	ALLS 135
															TOURNAME	ENT STALLS
	Classes					Shown By										PACE—30 AMP
	Classes					Shown By										PACE-50 AMP
Make checks payable to "Chapter 14 - UPHA" Non-US checks must be marked "Payable in US Funds" If you wish to charge your entries, please fill out the following: Address									AMHA NON-							
VISA MC					USEF#	City, State, ZIP AMHA# UPHA# ASHA#							POST ENTR	RY		
EVENDATION DATE OF COOR						ddressity, State, ZIP							OFFICE FEE PER HORSE @ \$25			
						USEF#		AM	IHA#		UPHA#	A	ASHA#			\$85
SIGNATURE Not to be used for Tournament classes. Please see show section for this entry blank.							6 SEATS @									
peo [_	200	Rider	r #1 needs the	following			JSE ONLY eds the followin	ıg	Owner ne	eds the following		Trainer nee	ds the following	8 SEATS @	\$150
MEA.CARD PD CK#		SIG CC	USEF# UPHA# OTHER	_	IHA#	USEF# [UPHA# [OTHER [ASHA# [USE UPH	A#	ASHA# AMHA#	USEF# UPHA# Address	•	ASHA# Sign OTHER	TOTAL	
J.W																LIBUA GOOLO V. O

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	
13.	l

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.

UNITED STATES EOUESTRIAN 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.

OWNER/AGENT

(mandatory)

RIDER/DRIVER/HANDLER/

Is Rider/Driver/Vaulter a U.S. Citizen:

Vaulter/Longeur (mandatory)

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.

TRAINER

(mandatory)

Emergency Contact Phone No.

COACH (if applicable)

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- ·		•		
		Signature		
Signature	Signature	Print Name	Signature	
		Address		
Print Name	Print Name		Print Name	
		ASHA		
		USEF		
Parent/Guardian Signature	e: (Required if Rider/Driver/Handler/Va	ulter/Longeur is a minor)		