

2010

BRIDLE #

COMPETITION NAME: _____ COMPETITION DATES: _____

NAME OF HORSE		PREVIOUS NAME	FOR SALE?	BREED REGISTRY	SEX
HEIGHT	COLOR	COGGINS DATE	SIRE	DAM	
DAM'S SIRE	BIRTH COUNTRY	DOB	BREEDER	PASSPORT #	GROOM
HORSE		RIDER/HANDLER	OWNER	TRAINER	COACH
USEF #		USEF #	USEF #	USEF #	USEF #
USDF #		USDF #	USDF #	PLEASE ENCLOSE COPIES OF ALL MEMBERSHIP CARDS/REGISTRATIONS	
FEI OR LOCAL #		FEI OR LOCAL #	FEI OR LOCAL #		
CLASS #	DIVISION	CLASS DESCRIPTION		QUAL YES/NO	FEE
OWNER:			SUBTOTAL CLASS FEES		
ADDRESS:			USEF NON MEM FEES (\$30)		
CITY/STATE/ZIP:			USDF NON MEM FEES (\$20)		
EMAIL:			CDI HORSE FEES (\$8 USEF, \$15 DRUG)		N/A
OWNER CITIZENSHIP:			IHP HORSE FEES (\$8 USEF, \$15 DRUG)		N/A
TIN/SSN (REQUIRED):			USEF Fees (\$8 USEF, \$7 Drug/Med)		\$15
			OFFICE AND/OR BRIDLE # FEE		\$ 25
RIDER/HANDLER:			HORSE STALL ____ @ \$110		
ADDRESS:			TACK STALL ____ @ \$110		
CITY/STATE/ZIP:			BEDDING ____ BAGS @ \$9/BAG		
EMAIL:			LATE/INCOMPLETE (\$20)		
OWNER CITIZENSHIP:			DDC NON MEMBER FEE (\$10)		
TIN/SSN (REQUIRED):			HAUL IN FEE		
			RV FEE		
TRAINER:			TOTAL FEES ENCLOSED		\$
ADDRESS:			PLEASE FILL OUT BOTH SIDES OF THIS FORM SEE OTHER SIDE FOR STABLING		
CITY/STATE/ZIP:					

STABLING INFORMATION AND SPECIAL REQUESTS

Group/Self	Tues	Wed	Thurs	Fri	Sat	Sun
Stalls						
Tack Stalls						

Stable Group: _____ **Contact:** _____

Federation Entry Agreement

I have read the USEF, Inc. 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.

Federation Release, Assumption of Risk, Waiver, & Indemnification

This document WAIVES important LEGAL RIGHTS – read it carefully BEFORE signing.

I AGREE in consideration for my participation in DDC Spring I and II to the following:

I AGREE that I choose to participate voluntarily in DDC Spring I and II with my horse, as a rider, driver, handler, vaulter, longer, lessee, owner, agent, coach, trainer, or a parent or guardian of a junior exhibitor. I am fully aware & acknowledge that horse sports and DDC Spring I and II 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 release the Federation & DDC Spring I and II from all claims for money damages or otherwise for any harm to me or my horse and for any harm caused by me or my horse to others, even if the harm resulted, directly or indirectly, from the negligence of the Federation or DDC Spring I and II.

I AGREE to expressly assume all risks of harm to me or my horse, including harm resulting from the negligence of the Federation or DDC Spring I and II.

I AGREE to indemnify the Federation and DDC Spring I and II 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 at DDC Spring I and II. I have read the Federation Rules about protective equipment, including GR801 and EV113, 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 AGREE that the Federation and DDC Spring I and II as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. 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 DDC Spring I and II, 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.

I represent that I have the requisite training, coaching, and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

Owner/Agent Signature (mandatory)	Rider/Handler Signature (mandatory)	Trainer Signature (mandatory)	Coach Signature (if applicable)
Print Name	Print Name	Print Name	Print Name

Parent/Guardian Signature (required if Rider/Driver/Trainer/Handler/Vaulter/Longeur is UNDER 18	Print Parent/Guardian Name
Rider Emergency Contact Information	
Name of Contact/Relationship:	Phone: