

OFFICE USE ONLY

ONLY ONE HORSE PER ENTRY FORM
PLEASE PRINT OR TYPE CLEARLY
ALL ENTRIES MUST HAVE A VALID COGINNS AND
PROOF OF EHV-1/4 VACCINE

SFHJA 66TH ANNUAL CHARITY HORSE SHOW OFFICIAL ENTRY BLANK

ENTRIES CLOSE THE NOVEMBER 14TH

Credit Card Policy

We encourage you or your agent/trainer to close out your show bill in person before the end of each show. However if you do not do so in person, you automatically agree to authorize South Florida Hunter Jumper Association (SFHJA) to charge your credit card for all entry fees, stabling fees, etc. If you dispute a charge made by SFHJA you may not be able to show until the charge dispute has been resolved.

CREDIT CARD _____ EXP. _____ SIC CODE _____

SIGNATURE _____ NAME ON CARD/CHECK _____ (ALL CHECKS MUST BE U.S. FUNDS)

NAME OF HORSE	USEF NUMBER	COLOR	SEX	HEIGHT	YR. FOALED	GREEN YEAR
						<input type="checkbox"/> <input type="checkbox"/>

RIDER ONE	<u>USEF #</u>	<u>BIRTH DATE</u>	STABLE WITH: _____
<u>RIDER ONE CLASSES</u>			ARRIVAL DATE: _____ DEPARTURE DATE: _____
RIDER TWO	<u>USEF #</u>	<u>BIRTH DATE</u>	OFFICE FEE: \$30.00 EARLY STALL FEE: \$225 (MUST BE ORDERED AND PAID FOR ONLINE)
<u>RIDER TWO CLASSES</u>			STALL FEE: \$250 NON-STABLING/GROUNDS FEE: \$50.00

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 Checks Payable to: SFHJA 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.

USEF FEES:
USEF FEDERATION FEE: \$16.00
USHJA FEE: \$7
USEF SHOW PASS FEE: \$30
USHJA SHOW PASS FEE: \$30

ALL STALL FEES ARE PLUS 6.5% TAX

MAIL ENTRIES TO:
SFHJA
C/O HALI MILLER
1440 CORAL RIDGE DRIVE #191
CORAL SPRINGS, FL 33071

TRAINER SIGNATURE _____

RIDER #1 NAME	USEF # / FEI #	RIDER #2 NAME	USEF # / FEI #	OWNER NAME	USEF # / FEI #	TRAINER/COACH NAME	USEF # / FEI #
ADDRESS		ADDRESS		ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP		CITY/STATE/ZIP		CITY/STATE/ZIP	
EMAIL	PHONE #	EMAIL	PHONE #	EMAIL	PHONE #	EMAIL	PHONE #
SOCIAL SECURITY #	NATIONALITY	SOCIAL SECURITY #	NATIONALITY	SOCIAL SECURITY #	NATIONALITY	SOCIAL SECURITY #	NATIONALITY

PARENT/GUARDIAN SIGNATURE IF RIDER IS A MINOR: _____

PRIZE MONEY PAYEE IF DIFFERENT FROM OWNER: _____

EMERGENCY CONTACT NUMBER: _____

SOCIAL SECURITY NUMBER _____ INCORPORATED YES ___ NO ___