


SAGAPONACK HORSE SHOW

July 19, 2017 & August 9, 2017

ENTRIES CLOSE 6:00 PM MONDAY PRIOR TO EACH SHOW

NOTE: Exhibitors must have current USEF/USHJA membership

NAME OF HORSE OR PONY		HORSE RECORDING OR ID #	COLOR	SEX	HEIGHT	AGE	HORSE/PONY		
NAME OF RIDER ONE		AGE	USEF/USHJA #	ASPCA #	CLASSES				
NAME OF RIDER TWO		AGE							
OWNER OR AUTHORIZED AGENT		RIDER ONE			TRAINER				
NAME		NAME		DOB M/D/Y	GENDER	NAME			
ADDRESS		ADDRESS			ADDRESS				
CITY/STATE/ZIP		CITY/STATE/ZIP			CITY/STATE/ZIP				
TELEPHONE		TELEPHONE		EMAIL		TELEPHONE		EMAIL	
USEF/USHJA #		USEF/USHJA/FEI #			USEF/USHJA #				
		RIDER TWO			OFFICE USE ONLY:				
SAGAPONACK HORSE SHOW PO Box 99, Sagaponack, NY 11962 Phones: (631) 537-0948 Fax: (631) 537-5443		NAME		DOB M/D/Y	GENDER				
		ADDRESS							
		CITY/STATE/ZIP							
		TELEPHONE		EMAIL					
		USEF/USHJA/FEI #							
UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT									
<p>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.</p> <p style="text-align: center;">Federation Release, Assumption of Risk, Waiver and Indemnification This document waives important legal rights. Read it carefully before signing.</p>									
<p>I AGREE in consideration for my participation in this Competition to the following:</p> <p>I AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.</p> <p>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").</p> <p>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.</p> <p>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.</p>				<p>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.</p> <p>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.</p> <p>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.</p> <p>I represent that I have the requisite training, coaching and abilities to safely compete in this competition.</p> <p>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</p>					
FEES									
Entry Fees \$ _____									
Post Entry \$30									
USEF Drugs/Medications Fee \$8									
USEF Federation Fee \$8									
USEF Show Pass Fee \$30									
USHJA Show Pass Fee \$30									
Office Fee \$35									
USHJA Fee \$2									
TOTAL DUE \$ _____									
									
MANDATORY	Owner/Agent Signature: _____		RIDER/HANDLER SIGNATURE: _____			TRAINER SIGNATURE: _____			
	Print Name: _____		Print Name: _____			Print Name: _____			
	(Required if Rider/Handler is a minor)		Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>						
	PARENT/GUARDIAN SIGNATURE: _____		RIDER/HANDLER SIGNATURE: _____			COACH SIGNATURE: _____			
	Print Name: _____		Print Name: _____			(if applicable)			
EMERGENCY CONTACT PHONE # _____		Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>			Print Name: _____				