

# SAGAPONACK HORSE SHOW

JULY 17 & AUGUST 7, 2019

ENTRIES CLOSE 6:00 PM MONDAY PRIOR TO EACH SHOW

**EXHIBITORS MUST HAVE CURRENT USEF/USHJA MEMBERSHIP**

HORSE/PONY NAME	RECORDING NUMBER	COLOR	SEX	HEIGHT	AGE	ALL HORSES AND PONIES MUST HAVE USEF RECORDING # OR HORSE ID #
RIDER ONE NAME	USEF / USHJA #	AGE	RIDER 1 CLASSES			
RIDER TWO NAME	USEF / USHJA #	AGE	RIDER 2 CLASSES			

OWNER			RIDER ONE			RIDER TWO			FEES	
NAME			NAME			NAME			ENTRY FEES	
USEF/USHJA #			USEF/USHJA #			USEF/USHJA #			OFFICE FEE**	\$35
ADDRESS			ADDRESS			ADDRESS			POST ENTRY	\$30
CITY	STATE	ZIP	CITY	STATE	ZIP	CITY	STATE	ZIP	USEF DRUG/MED FEE**	\$15
PHONE			PHONE			PHONE			USEF FEDERATION FEE**	\$8
EMAIL			EMAIL			EMAIL			USHJA FEE**	\$2
TRAINER			<p align="center"><b>SAGAPONACK HORSE SHOW</b>  <b>P.O. BOX 99</b>  <b>SAGAPONACK, NY 11962</b>  <b>PHONE (631) 537-0948</b>  <b>FAX (631) 537-5443</b>  <b>** DO NOT MAIL ENTRIES **</b></p>			<p align="center"><b>ENTRIES CAN BE FAXED TO</b>  <b>(631) 537-5443</b></p> <p align="center"><b>EMAILED TO</b>  <b>KATE@HAMPTONCLASSIC.COM</b></p> <p align="center"><b>OR BROUGHT TO THE HAMPTON CLASSIC</b></p>			USEF SHOW PASS FEE	\$45
NAME									USHJA SHOW PASS FEE	\$30
USEF/USHJA #									<b>TOTAL DUE</b>	
ADDRESS									<b>** MANDATORY FEES</b>	
CITY	STATE	ZIP							OFFICE USE ONLY	
PHONE										
EMAIL										

ALL EXHIBITORS MUST PAY IN U.S. FUNDS

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 it's 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 and Indemnification. This document waives important legal rights.**

I AGREE that the "Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates.

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 effects as if I affixed my signature by my own hand.**

OWNER		RIDER ONE		RIDER TWO		TRAINER	
OWNER/AGENT SIGNATURE		RIDER ONE SIGNATURE		RIDER TWO SIGNATURE		RIDER TWO SIGNATURE	
PRINT NAME		PRINT NAME		PRINT NAME		PRINT NAME	
PARENT / GUARDIAN		PARENT / GUARDIAN		PARENT / GUARDIAN		COACH	
OWNER/AGENT SIGNATURE		OWNER/AGENT SIGNATURE		OWNER/AGENT SIGNATURE		RIDER TWO SIGNATURE	
PRINT NAME		PRINT NAME		PRINT NAME		PRINT NAME	