

**OX RIDGE HORSE SHOW**

**DATE:**

Name of Horse	USEF / ID #	Color	Sex	Height	Age	Green Year		Circle Size			
						1 <sup>st</sup>	2 <sup>nd</sup>	Sm	Med	Lg	

Rider	Age	USEF #	ASPCA #	Classes									
#1													
NEHC#		CHJA#											

Rider	Age	USEF #	ASPCA #	Classes									
#2													

**USEF Entry Agreement**

**Federation 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 – Ox Ridge Horse Shows and NEHC to the following:

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 resulted, 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 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. 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.

**Rider/Driver/Handler (mandatory)**

**Owner/Agent (mandatory)**

**Trainer (mandatory)**

**Coach (if applicable)**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature (Required if rider/driver/handler is a minor) \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

Is Rider/Driver/Vaulter a U.S. Citizen:  yes  no

Owner	Rider #1	Trainer	Total Fees:
Name _____	Name _____	Name _____	Federation Fee @ \$8
Address _____	Address _____	Address _____	Drugs & Medication Fee @ \$8 <u>  \$16.00  </u>
Phone # _____	Phone # _____	Phone # _____	USHJA Zone Support Fee @2 _____
USEF# _____	USEF# _____	USEF# _____	USEF Non Member Fee @ \$30 _____
<b>Taxpayer Information (for Prize Money)</b>		<b>CHECKS PAYABLE TO:</b> <b>OX RIDGE HUNT CLUB</b> PO BOX 1067 Darien, CT 06820 tel: 203-655-2559 fax: 203-655-4528	USHJA Non Member Fee @ \$30 _____
Name _____	Name _____		Day Stall @ \$50 _____
Address _____	Address _____		Office Fee @ \$25 <u>  \$25.00  </u>
Phone # _____	USEF # _____		TOTAL FEES _____
SS # _____	SignatureX _____		



