

SPRING 4 _____ SPRING 5 _____ SPRING 6 _____ SPRING 7 _____ SPRING 8 _____
 CHECK THE SHOW OR SHOWS YOU WILL BE ATTENDING

CLOSING DATE IS ONE WEEK BEFORE THE START OF THE COMPETITION

COGGINS REQUIRED

Make checks payable to: **Equestrian Sport Productions, LLC**
 Mail Entries to: Horse Show Office
 14440 Pierson Road
 Wellington, FL 33414
561-793-5867 also emergency number Fax 561-753-0394
 www.equestriansport.com DO NOT FAX ENTRIES



CIRCLE WHICH SHOWS YOU WILL BE ATTENDING

Please bill my Credit Card _____ We accept Visa, MC and Amex

Account # _____

Expiration date _____

Cardholder name _____

Signature _____

Check
 Measurement _____
 Amateur _____
 Health Cert. _____
 USEF _____
 USHJA _____
 ASPCA # _____
 Stable With _____
 Arrival Date _____
 Departure Date _____

USEF FEES
 # _____ USEF FEE @ \$15.00 (\$7.00 Drug & Med., \$8.00 USEF)
 # _____ FEI FEE (FOR FEI HORSES ONLY) @ \$23.00
 # _____ USEF NON-MEMBER \$30.00
 # _____ USHJA NON MEMBER @ \$30.00

HORSE SHOW FEES
 # _____ STALLS @ \$325 FOR "AA" \$150 FOR "A" & \$90 FOR "C" SHOWS
 ALL STALLS MUST PAY 6.5% SALES TAX
 # _____ OFFICE FEE @ \$25 PER HORSE
 # _____ NON STABLING/GROUNDS FEE @ \$25.00

UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF THIS ACTIVITY. SIGNATURE BELOW INDICATE EACH OF US HAS READ & UNDERSTANDS THIS STATEMENT.

OFFICE USE	HORSES NAME	USEF #	BREED/COUNTRY OF ORIGIN	SIRE X DAM X SIRE OF DAM	COLOR	SEX	YR FOALED	HEIGHT	GREEN YR	FEI PASSPORT #	MEAS. CARD #
									1 2		
RIDER #1 NAME			RIDER #1 USEF NUMBER	RIDER #1 STATUS	RIDER #2 NAME			RIDER #2 USEF #	RIDER #2 STATUS		
				PRO JR AM					PRO JR AM		
RIDER #1 CLASSES					RIDER #2 CLASSES						

United States Equestrian Federation, Inc. Entry Agreement have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR908.6) 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 and Indemnification This document waives important legal rights. Read it carefully before signing. I AGREE in consideration for my participation in this Competition [insert name] to the following: 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 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 caused by me or my horse to others, even if the Harm 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 at the Competition. I have read the Federation Rules about protective equipment, including GR801 and 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 AGREE that the "Federation" and "Competition" 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 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.

RIDER SIGNATURE _____ RIDER SIGNATURE _____ OWNER/AGENT SIGNATURE _____ TRAINER SIGNATURE _____
 COACH SIGNATURE _____

RIDER #1 NAME	USEF # / FEI #	RIDER #2 NAME	USEF # / FEI #	OWNER NAME	USEF # / FEI #	TRAINER 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

PRIZE MONEY PAYEE IF DIFFERENT FROM OWNER _____ SOCIAL SECURITY # OR FED ID/TIN # _____ (MUST PROVIDE SS# OR FED ID/TIN # IN ORDER TO RECEIVE PRIZE MONEY)

Emergency contact number for Exhibitor: _____

I certify that all membership cards, measurement cards and other certification cards are valid and they have not been altered. I further certify that they have been shown or copies given to the show office.
 (Signature)
 Print Name