JUNE I _____ JUNE II _____ SUMMER II _____ LABOR DAY _____ SEPT. _____

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

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.

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 @ $95.00 ALL STALLS MUST PAY 6,5% SALES TAX
#___OFFICE FEE @ $25 PER HORSE
#___NON STABLING/GROUNDS FEE @ $25.00

OFFICE USE	HORSES NAME	USEF #	BREED/COUNTRY OF ORIGIN	SIRE X DAM X SIRE OF DAM	COLOR	SEX	YR FOALED	HEIGHT	GREEN YR 1 2	FEI PASSPORT #	MEAS. CARD #

RIDER #1 NAME	RIDER #1 USEF NUMBER	RIDER #1 STATUS PRO JR AM	RIDER #2 NAME	RIDER #2 USEF #	**RIDER #2 STATUS** PRO JR AM

RIDER #1 CLASSES	RIDER #2 CLASSES

Federation Entry Agreement

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler,Vaulter or Longeur and on behalf of myself and my principals, representatives,employees and agents, I agree that I am subject to the Bylaws and Rules of TheUnited States Equestrian Federation, Inc. (the "Federation") and the local rules of the competition. I agree to be bound by the Bylaws and Rules of theFederation and the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release andhold harmless the competition, the Federation, their officials, directors and employees for an action taken under the Rules. I represent that I am eligible toenter and/or participate under the rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the competition may use or assign photographs, videos, audios, cable-casts, or other likenesses of me and my horse taken duringthe course of the competition for the promotion, coverage or benefit of thecompetition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connectio with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4. 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 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 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 the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. 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 accidentlinjury report form.
I represent that I have the requisite training, coaching and abilities to safely compete in this competition.
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 SIGNITURE**_____

COACH SIGNTURE_____

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_____