

REGION 3 NHSAA / ASPCA MACLAY CHAMPIONSHIP

South East Fall Classic, Tampa, FL - September 22, 2019

Mail fully completed entry blank with check payable to:

The National Horse Show

c/o Cindy Bozan
2245 Stone Garden Lane, Lexington, KY 40513
Phone: 859-608-3709 Fax: 866-285-9496
cindy@nhs.org

**USE THIS ENTRY BLANK FOR ENTERING THE ASPCA MACLAY REGIONAL CHAMPIONSHIP ONLY
DO NOT SEND THIS ENTRY TO THE REGIONAL COMPETITION. SEND TO THE NATIONAL HORSE SHOW**

Entries must be received by 5 PM Eastern Time September 2, 2019

FedEx & UPS delivery mark **NO SIGNATURE REQUIRED**

Please list the total points you have received in ASPCA Maclay classes: _____

| | | | | | |
|------------|--|-------|-----|--------|------------|
| Horse Name | USEF# | Color | Sex | Height | Yr. Foaled |
| Rider Name | ASPCA - MACLAY Regional Entry Fee \$150.00 | | | | |

Federation Entry Agreement I have read the United State Equestrian Federation, Inc. (The "Federation") Entry Agreement (GR906.4) as printed in the Prize List for the National Horse Show ("Competition") and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, Prize List and local rules of the competition. I agree to waive the right to the use of my photos from the Competition, and agree that any actions against the federation must be brought in NY State.

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|----------------------|
| ARRIVAL DATE: |
| STABLE WITH: |

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 the Competition 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, longer, 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 Competitions. 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 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 at 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 effect as if I affixed my signature by my own hand.

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|--|---|---|--|-----------------|
| Owner Signature: Owner USEF#: _____ Name: _____ Address: _____ City/State/Zip: _____ Phone _____ Fax _____ SS#/TIN# _____ Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No Email Address: _____ | Rider Signature: Rider USEF#: _____ Name: _____ Address: _____ City/State/Zip: _____ Phone _____ Fax _____ Email Address: _____ | Trainer Signature: Trainer USEF#: _____ Name: _____ Address: _____ City/State/Zip: _____ Phone _____ Fax _____ Email Address: _____ | | |
| EMERGENCY CONTACT INFORMATION Name: _____ _____ Phone _____ | Charge Entries to: <input type="checkbox"/> M/C <input type="checkbox"/> Visa SecCode _____ Card # _____ Exp Date _____ Bill Zip _____ Cardholder Name _____ Signature* _____ Phone Number _____ *I authorize the National Horse Show to debit my account for entry fees. | <p style="text-align: center;">PLEASE NOTE</p> <ul style="list-style-type: none"> - Please be sure to include email addresses as they will be used as a primary source of communication - Mail, fax or email this entry to The National Horse Show. Do NOT send to the Regional competition. If faxing or emailing, be sure to include a credit card for payment. - For more information contact Cindy Bozan 859-608-3709 or cindy@nhs.org - Any additional fees (stalls, office, USEF, etc.) are to be paid to the Regional competition | | |
| Parent/Guardian Signature (Required) _____ | <table style="width: 100%; border: none;"> <tr> <td style="border: none;">TOTAL AMOUNT DUE TO THE NATIONAL HORSE SHOW</td> <td style="border: none; text-align: right;">\$150.00</td> </tr> </table> | | TOTAL AMOUNT DUE TO THE NATIONAL HORSE SHOW | \$150.00 |
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