

NATIONAL HORSE SHOW

EQUITATION ENTRY FORM - October 25-27, 2019

Make checks payable to: National Horse Show
 National Horse Show
 c/o Cindy Bozan
 2245 Stone Garden Lane, Lexington, KY 40513
 Phone: 859-608-3709 Fax: 866-285-9496

ARRIVAL DATE: _____
STABLE WITH: _____

EQUITATION SCHOOLING HORSE ENTRY BLANK

SEE PAGE 25 IN PRIZE LIST

SCHOOLING Horse Name _____	USEF# _____	Color _____	Sex _____	Height _____	Yr. Foaled _____
Rider Name _____	EQUITATION SCHOOLING HORSE ENTRY BLANK				

**** Any horse that *potentially* may be used in any of the Equitation Championships must be assigned a number which must be displayed at all times whenever outside of their stall, mounted or un-mounted.**
**** Only horses that have been assigned numbers and are on the competition grounds twelve hours prior to the start of warmup class will be eligible to be used as a replacement.**

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.

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.

Owner Signature: _____	Rider Signature: _____	Trainer Signature: _____	
Owner USEF#: _____	Rider USEF#: _____	Trainer USEF#: _____	
Name: _____	Name: _____	Name: _____	
Address: _____	Address: _____	Address: _____	
City/State/Zip: _____	City/State/Zip: _____	City/State/Zip: _____	
Phone _____ Fax _____	Phone _____ Fax _____	Phone _____ Fax _____	
SS#/TIN# _____	Email Address: _____	Email Address: _____	
Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Charge Entries to: <input type="checkbox"/> M/C <input type="checkbox"/> Visa SecCode _____	Total Entry Fee	
<p style="text-align: center;">Schooling Protocol:</p> <p>Any horse that <i>potentially</i> may be used in the Hamel NHS 3'3" Equitation Championship or the THIS NHS Adult Equitation Championship will be assigned a number which must be displayed at all times whenever outside of their stall, mounted or un-mounted. Only horses that have been assigned numbers and are on the competition grounds twelve hours prior to the start of warm up class will be eligible to be used as a replacement.</p>	Card # _____	Stall @ \$250	
	Exp Date _____ Bill Zip _____	USEF FEES: @ \$23	\$23.00
	Cardholder Name _____	USHJA FEES @ \$7	\$ 7.00
	Signature* _____	Night Watch @ \$15	\$15.00
	Phone Number _____	TOTAL AMOUNT DUE	
Parent/Guardian Signature (Required if rider is a minor) _____	EMERGENCY CONTACT INFORMATION		
	Name: _____		
	Phone: _____		

*I authorize the National Horse Show to debit my account for entries and related fees.