

# NATIONAL HORSE SHOW

ASPCA MACLAY NATIONAL CHAMPIONSHIP - November 3, 2019

Entries must be received by 5:00 PM Eastern October 4, 2019

FedEx, UPS, USPS delivery mark **NO SIGNATURE REQUIRED**

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:

Horse Name	USEF#	Color	Sex	Height	Yr. Foaled
Rider Name		Training Class \$100.00		ASPCA - MACLAY National Championship \$450.00	

**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.

**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.

**Preferred entry method, please use the on line system  
<https://entries.showmanagementsystem.com>**

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# _____	<b>Email Address:</b> _____	<b>Email Address:</b> _____
Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>EMERGENCY CONTACT INFORMATION</b>	Charge Entries to: <input type="checkbox"/> M/C <input type="checkbox"/> Visa SecCode _____	Total Entry Fee
Name: _____	Card # _____	Entry Fees \$450 + \$100 \$550.00
_____	Exp Date _____ Bill Zip _____	Stall @ \$350 \$350.00
_____	Cardholder Name _____	Stall - Tack Stall @ \$350
Phone _____	Signature* _____	Administration Fee @ \$65 \$65.00
	Phone Number _____	USEF Federation Fee: @ \$23 \$23.00
	*I authorize the National Horse Show to debit my account for entries and related fees.	USHJA Fee @ \$7.00 \$7.00
		Night Watch @ \$15 \$15.00
Parent/Guardian Signature (Required if rider is a minor) _____		<b>TOTAL AMOUNT DUE</b>