

Entry # _____



2018 NCHJA Annual Horse Show - June 27 - July 1, 2018 • Entry Form

MAKE CHECKS PAYABLE AND MAIL TO: NCHJA | 4441 Six Forks Road, Suite 106 - 167 | Raleigh, NC 27609 | 919.538.4781

CLOSING DATE: JUNE 15, 2018

NAME OF HORSE	USEF / USHJA #	BREED	COLOR	SEX	HEIGHT	AGE
NAME OF RIDER	AGE	SECTIONS / CLASSES ENTERED	USEF/USHJA #	ASPCA #		
1 st Rider U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no						
2 nd Rider U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no						

CREDIT CARD INFORMATION
MUST HAVE CREDIT CARD PRESENT AT CHECK OUT

VISA
 MASTERCARD
 DISCOVER CARD

_____ - _____ - _____ - _____

Expiration Date: _____ / _____ CVV Code: _____

Car Holder's Name: _____

Signature: _____

Address: _____

City/State/Zip: _____

# _____ Stalls (see reverse) @ \$225		
USEF Fees \$23		\$16.00
USHJA FEE \$7		\$7.00
OFFICE FEE \$35		\$40.00
USEF NON-MEMBER SHOW PASS \$45		
USHJA NON-MEMBER \$30		
NON-SHOWING FEE \$75		
LATE FEE \$40		
GROUNDS FEE \$50		
NOMINATING FEES \$150 / \$160		
TOTAL		

United States Equestrian Federation, Inc. Entry Agreement
 I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for The 2018 NCHJA Annual Horse Show, 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.

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 2018 NCHJA Annual Horse Show, to the following:
I AGREE that the "Federation" and "Competition" as used above include all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
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 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 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 to my horse 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 all of the above provisions 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 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 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.

STABLE WITH: _____

In Case of Emergency during the show, contact # _____

Owner / Agent	Trainer	Rider 1	Coach (if applicable) or Rider 2
Signature: _____ Print Name: _____ Address: _____ City, State, Zip: _____ Phone: (____) _____ - _____ USEF #: _____ Email: _____	Signature: _____ Print Name: _____ Address: _____ City, State, Zip: _____ Phone: (____) _____ - _____ USEF #: _____ Email: _____	Signature: _____ Print Name: _____ Address: _____ City, State, Zip: _____ Phone: (____) _____ - _____ USEF #: _____ Email: _____	Signature: _____ Print Name: _____ Address: _____ City, State, Zip: _____ Phone: (____) _____ - _____ USEF #: _____ Email: _____

PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!	Taxpayer Name (must coincide with SS# or EIN #) _____ Social Security # or Federal ID# _____	Prize Money Payee Address _____ _____	Office Use Only
--	---	---	-----------------