Entry #

NCHJA ANNUAL HORSE SHOW HUNTER + IQUITATION USEF AA-RATED USEF AA-RATED

2021 NCHJA Annual Horse Show - June 30 - July 4, 2021 • Entry Form

MAKE	CHECKS PAYAE	BLEAND	MAIL TO:	NCHJA 4441 S	ix Forks Road, Suite	106 - 167 Raleig	sh, NC 27	609 919.538	.4781		CLOSING	DATE: JUNE	E 14, 2021
	NAME OF HOR	SE		USEF / USHJA #	BREED	COLOR	SEX	HEIGHT	AGE		Credit Card In ave Credit Card I MasterCar	PRESENT AT C	Check Out cover Card
	NAME OF F	RIDER		AGE SE	CTIONS / CLASSES	ENTERED US	EF/USHJ	A# AS	PCA #		Date:/		
1 st Rider 2 nd Rider	U.S. Citizen? U.S. Citizen?	u yes	no no							Car Holder Signature: _ Address:	's Name:		
										City/State/	Zip:		
I have read the U	Inited States Equestrian	Federation. Ir			deration, Inc. Entry Agree nt (GR906.4) as printed in t		21 NCHIA	Annual Horse Sh	ow. and agree		#Stalls (see	reverse) @ \$225	
I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for The 2021 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									waive the		USEF Fees \$15 / Drug Fee \$8 \$23		
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.												USHJA FEE \$7	\$7.00
LACREE	.1 6	This I	Document w	aives important lega	l rights. Read it carefully	y before signing.					(Office Fee \$50	\$50.00
I AGREE in consideration for my participation in The 2021 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 afiliated organizations.									zations.		USEF Non-Member Show Pass \$45		
IAGREE 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											USHJA Non-Member \$30		
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").											Non-Showing Fee \$75		
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									rm of any	Late Fee \$50			
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. IAGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition.									Grounds Fee \$50				
I AGREE to imdemnify (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									Nominating Fees \$150 / \$160				
and, if applicable	e, EV114, and I understa	ind that I am e	entitled to wea	r protective equipment	without penalty, and I ackno	owledge that the Federa	ation strongly	y encourages me t	o do so while	Equine Nighttime Security @\$20			
WARNING th	at no protective equipme	ent can guard all of the obli	against all inju igations of this	iries. If I am a parent or Release on the child's l	guardian of a junior exhibit behalf. I represent that I have	or, I consent to the chi	ld's participa coaching an	tion and AGREH id abilities to safel	to all of the	Paramedic Fee @\$5			
this competition	l.				•				· •	TOTAL			
I AGREE that i accident / injury		npetition, the	medical perso	nnel treating my injurie	es may provide information o	on my injury and treatr	nent to the F	ederation on the o	official USEF	STABLE WITH:			
BY SIGNING	BELOW, I AGREE to	be bound by a electronically,	all applicable I I acknowledge	Federation Rules and all that my electronic sign	terms and provisions of this nature shall have the same val	s entry blank and all ter lidity, force and effect a	rms and prov is if I affixed	isions of this Priz my signature by n	e List. If I am 19 own hand.	In Case of F	Emergency during the	show, contac	t #
	Owner / Age				Trainer			Ride			,	pplicable) or I	
							Signature:						
	:					Prii	Print Name:				Print Name:		
	Address: Address:						Address:						
City, State, Zip:				City, State, Zip: Phone: ()			City, State, Zip:				City, State, Zip:		
Phone: ()				Prione: ()	Pho	Phone: ()				Phone: ()			
USEF #: Email:				USEF #: USEF #: Email: Email:									
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PRIZE MONEY		Prize Money Payee Address	Office Use Only
TAXPAYER INFORMATION	Taxpayer Name (must coincide with SS# or EIN #)		
MUST BE COMPLETED!	Social Security # or Federal ID#		