

OFFICE USE ONLY

ONLY ONE HORSE PER ENTRY FORM  
PLEASE PRINT OR TYPE CLEARLY  
SEND COPIES OF ALL MEMBERSHIP &  
MEASUREMENT CARDS. ALL ENTRIES  
MUST HAVE A VALID COGGINS.



# ESP SPRING OFFICIAL ENTRY BLANK

CHECK THE SHOW OR SHOWS YOU PLAN ON ATTENDING

SPRING 4 \_\_\_ SPRING 5 \_\_\_ SPRING 6 \_\_\_ SPRING 7 \_\_\_ SPRING 8 \_\_\_

CREDIT CARD \_\_\_\_\_ EXP. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ NAME ON CHECK \_\_\_\_\_ (ALL CHECKS MUST BE U.S. FUNDS)

GREEN YEAR

1 2

NAME OF HORSE	USEF NUMBER	COLOR	SEX	HEIGHT	YR. FOALED	PASSPORT #

SIRE \_\_\_\_\_ DAM \_\_\_\_\_ STABLE WITH: \_\_\_\_\_

RIDER ONE \_\_\_\_\_ USEF # \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
# of Stalls Needed \_\_\_\_\_

RIDER ONE CLASSES (ENTRY MUST CONTAIN CLASSES TO BE CONSIDERED ON TIME)  
ARRIVAL DATE: \_\_\_\_\_  
DEPARTURE DATE: \_\_\_\_\_

RIDER TWO \_\_\_\_\_ RIDER TWO CLASSES \_\_\_\_\_ USEF # \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
OFFICE FEE (CHARGED PER HORSE/PER WEEK): \$25.00

RIDER TWO CLASSES (ENTRY MUST CONTAIN CLASSES TO BE CONSIDERED ON TIME)  
STALL FEE: "AA" Shows \$150 Plus Tax  
"A" Show \$95, "C" Show 85, all plus 6.5%  
NON-STABLING/GROUNDS FEE (CHARGED PER HORSE/PER WEEK): \$25.00

### Federation Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for these Competitions 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 at the competition, and agree that any actions against the Federation must be brought in New York 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 this 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, 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, 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 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 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. Rider/Driver/Handler/ Owner/Agent Trainer Coach Vaulter/Longeur (mandatory) (mandatory) (mandatory) (if applicable)

**USEF FEES:**  
 USEF FEDERATION FEE: \$15.00 PER HORSE  
 USHJA ZONE SUPPRT FEE: \$2 PER HORSE  
 FEI FEE: \$23.00 PER HORSE  
 (FEI CLASSES ONLY)  
 USEF NON-MEMBER FEE: \$30  
 USHJA NON-MEMBER FEE: \$30

ENTRIES ARE DUE ONE WEEK BEFORE THE START OF THE FIRST DAY OF COMPETITION.

MAIL ENTRIES TO:  
HORSE SHOW OFFICE  
14440 PIERSON ROAD  
WELLINGTON, FL 33414

RIDER #1 SIGNATURE \_\_\_\_\_ RIDER #2 SIGNATURE \_\_\_\_\_ OWNER SIGNATURE \_\_\_\_\_ TRAINER SIGNATURE \_\_\_\_\_  
COACH SIGNATURE \_\_\_\_\_

RIDER #1 NAME	USEF # / FEI #	RIDER #2 NAME	USEF # / FEI #	OWNER NAME	USEF # / FEI #	TRAINER/COACH NAME	USEF # / FEI #
ADDRESS		ADDRESS		ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP		CITY/STATE/ZIP		CITY/STATE/ZIP	
EMAIL	PHONE #	EMAIL	PHONE #	EMAIL	PHONE #	EMAIL	PHONE #
SOCIAL SECURITY #	NATIONALITY	SOCIAL SECURITY #	NATIONALITY	SOCIAL SECURITY #	NATIONALITY	SOCIAL SECURITY #	NATIONALITY
PARENT/GUARDIAN SIGNATURE IF RIDER IS A MINOR: _____				PRIZE MONEY PAYEE IF DIFFERENT FROM OWNER: _____			

EMERGENCY CONTACT NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ INCORPORATED YES \_\_\_ NO \_\_\_