The Ridge at Wellington - HUNTER DERBY

Date: 1/12/19 (entries close 1/6/19)
Date: 1/26/19 (entries close 1/20/19
Date: 3/9/19 (entries close 3/3/19)

EMAIL entry@ridgeshowjumping.com

#	Name of Horse	Color/Height	Sex	Age	USEF #

Name of Rider	Age		Classes	
				USEF Federation Fee $23.00 Show Pass $45.00 USHJA Non Member $30.00 USHJA Zone Support Fee $7.00

Owner or Authorized Agent	Rider (second rider on additional entry blank)	Trainer (coach info below if applicable)	
Owners Name_____	Riders Name_____	Trainer_____	Office Fee $55.00 Post Entry $50.00 Stall Fee $250.00 EMT Fee $35.00 Late Stall $300.00 Bedding $_____/Bag $_____ Class 1001 695.00 Class 1002 $295.00 Scratch Fee $75.00
Address_____	Address_____	Address_____	
_____	_____	_____	
Phone# _____	Phone# _____	Phone# _____	
Email : _____	Email: _____	Email: _____	Misc: _____ $ _____
USEF# _____	USEF# _____	USEF# _____	Total Due $_____

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of the **C**ompetition. I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the **C**ompetition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the **C**ompetition may use or assign photographs, videos, audios, cable-casts, **broadcasts, internet, film, new media** or other likenesses of me and my horse taken during the course of the **C**ompetition for the promotion, coverage or benefit of the Competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.**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 [insert name] 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, 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** resulted, 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 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. 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.

Rider (mandatory) Sig:_____ Owner/Agent (mandatory) Sig: _____ Trainer (mandatory) Sig:_____ Coach Sig: _____

Print Name:_____ Print Name:_____ Print Name: _____ Print Name:_____

Parent/Guardian Signature: (Required if Rider is a minor) _____ Print Name: _____Emergency Contact Phone No._____

PRIZE MONEY PAYEE: (MUST be completed for Prize Money to be issued. Please PRINT. Checks will be issued and mailed as indicated below)

Prize Money Payee Name: _____ SS or Tax ID _____

Mailing Address: _____

CREDIT CARD PAYMENT (4% Convenience Fee Added) VISA MC AMEX DISCOVER

CARD NUMBER:_____EXP: _____ CID:_____

Name on Card: _____ Billing Address:_____ ZIP CODE: _____