

email: [entry@ridgeshowjumping.com](mailto:entry@ridgeshowjumping.com)

# The Ridge at Wellington Turf Tour

Show date: \_\_\_\_\_

#	Name of Horse	Age	Sex	Color/Height	USEF #
Name of Rider 1 _____		D.O.B _____	USEF# _____	Classes _____	
Name of Rider 2 _____					
<b>Owner or Authorized Agent</b>		<b>Rider One</b>	<b>Rider Two</b>	<b>Trainer</b>	
Owners Name _____	Riders Name _____	Rider (2): _____	Trainer _____		
Address _____	Address _____	Address: _____	Address _____		
Phone# _____	Phone: _____	Phone: _____	Phone# _____		
Email : _____	Email: _____	Email: _____	Email: _____		
USEF# _____	USEF# _____	USEF# _____	USEF# _____		<b>Total Due \$</b>

USEF Federation Fee \$23.00  
 USEF Show Pass Fee \$45.00  
 USHJA Non Member \$30.00  
 USHJA Fee \$2.00  
 Office Fee: \$55  
 Post Entry: \$50  
 EMT Fee: \$35  
 Nomination Fee:  
 Stall(s):  
 Convenience Fee 4%:

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur 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 Competition. 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 Competition, 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 Competition 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 Competition 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, vaultor, 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 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 1 (mandatory): \_\_\_\_\_ Rider 2 (mandatory): \_\_\_\_\_ Owner/Agent(mandatory): \_\_\_\_\_ Trainer/Coach: \_\_\_\_\_

Sig: \_\_\_\_\_ Sig: \_\_\_\_\_ Sig: \_\_\_\_\_ Sig: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Parent/Guardian Signature: (Required if Rider is a minor) \_\_\_\_\_

Print Parent /Guardian Name: \_\_\_\_\_ Emergency Contact Phone No. \_\_\_\_\_

CREDIT CARD INFORMATION: Please PRINT			
Credit card number : _____	Exp: _____	CID: _____	
Name on card: _____	Phone# _____	Billing Zip Code: _____	

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: _____	