

The Ridge at Wellington - HUNTER DERBY

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)		Office Fee \$55.00 Post Entry \$50.00 Stall Fee \$275.00 EMT Fee \$35.00 Late Stall \$300.00 Bedding \$_____/Bag \$_____ Class 1001 <u>\$695.00</u> Class 1002 <u>\$295.00</u> Scratch Fee <u>\$75.00</u> Misc: _____ \$ _____
Owners Name _____	Riders Name _____	Trainer _____			
Address _____	Address _____	Address _____			
Phone# _____	Phone# _____	Phone# _____			
Email : _____	Email: _____	Email: _____			
USEF# _____	USEF# _____	USEF# _____		Total Due <div style="text-align: right;">\$ _____</div>	

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