ONLY ONE HORSE PER ENTRY BLANK

Entries can be faxed to 732-361-3454, or made online at www.horseshowing.com

SHOW DATE: Friday, August 16, 2019

Monmouth at the Team Outreach Entry Form

Office Use	NAME OF HORSE	USEF#	COLOR	SEX	HEIGHT	AGE	Green Yr	Jr Hunter	Pony Size	Equine Canada#
							☐ 1 ☐ 2	☐ Sm ☐ Lrg	☐ Sm ☐ Med ☐ Lrg	

Rider 1 Classes	Rider 2 Classes

Monmouth / August	
$	Schooling fee Aug 11 $50
$100.00	Office/Facility Fee $100.00 entire week
$2.00	USHJA Outreach Fee
$	Hay - $18 per bale
$	Shavings - $10 per bag
	Post Entry Fee $50
	Stall Fee $375 Permanent Stall
	Stall Fee $325 Tent Stall
$	TOTAL ENCLOSED

MAKE CHECKS PAYABLE TO Monmouth at the Team

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulter 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 (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 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 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 and all terms and provisions of this Prize List. 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. BOD 1/23/11 Effective 12/1/11

UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO O.L. 1997,C. 287 (c.5-1 et. seq.)

ALL SIGNATURES, ADDRESSES AND THE OWNERS SOCIAL SECURITY NUMBER MUST APPEAR ON THE ENTRY FORM IN ORDER FOR THIS ENTRY TO BE PROCESSED AND PRIZE MONEY DISTRIBUTED

OWNER SIGNATURE	**RIDER 1 SIGNATURE**	**RIDER 2 SIGNATURE**	**TRAINER SIGNATURE**
Owner Name	**Rider 1 Name**	**Rider 2 Name**	**Trainer Name**
USEF/USHJA#	USEF/USHJA#	USEF/USHJA#	USEF/USHJA#
Address	Is Rider a US Citizen: Yes or Nationality:	Is Rider a US Citizen: Yes or Nationality:	Phone Cell#
City/State/Zip	Address	**PRIZE MONEY PAYEE**	EMAIL
Phone Fax	City/State/Zip	SS# or Fed ID#	**COACHES SIGNATURE**
Cell Phone	Phone Cell	Address	**Coaches Name**
EMAIL	EMAIL	City/State/Zip	USEF/USHJA#
RESERVE STABLING IN THIS NAME:		STABLE WITH:	ARRIVAL DATE:
EMERGENCY CONTACT NAME:		CELL PHONE:	