

Minnesota Harvest Horse Show, October 5-10, 2010

Entries Close September 20, 2010

PRINT
 Owner Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____
 SS/Fed ID# _____
 E Mail Address _____

Please Enclose Copy of Current Coggins

Make checks payable to: Midstates Horse Shows
 Mail Entries to: Barb Ahrens
 8680 Rebecca Park Trail
 Rockford, MN 55373
 763 477 6023
 763 477 4053 Fax

This entry form MUST include: Name of Horse and complete description, name of owner, address, name of Trainer, and classes you intend to compete in.

Trainer Name _____
 Barn Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____
 E Mail Address _____

HORSE NAME					USEF HORSE#	RIDER	Age	CLASSES

Color	Sex	Ht	Age	Green	EC HORSE#	RIDER	Age	CLASSES
				1 2				

I have read the United States Equestrian, Inc. (the "Federation") Entry Agreement (GR 906.4) as printed in the Prize List for the Minnesota Harvest Horse Show and agree to all of its provisions. I understand and agree that by entering this competition, I am subject to Federation Rules, the Prize list and local rules of the competition. I agree to waiver 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.

USEF 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, Minnesota Harvest Horse Show, 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, loneger, 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 of any nature 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 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 at 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.

Rider Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____ ASPCA# _____
 E Mail Address _____

Rider Name _____
 Address _____
 City/ State/Zip _____
 Phone _____
 USEF/USHJA# _____ ASPCA# _____
 E Mail Address _____

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/Vaulter/Longeur (mandatory)
 Parent/Guardian if Rider/Handler is a minor

Signature _____

Print Rider Name _____

Rider/Driver/Handler/Vaulter/Longeur (mandatory)
 Parent/Guardian if Rider/Handler is a minor

Signature _____

Print Rider Name _____

Trainer (mandatory)

Signature _____

Print Name _____

Coach (mandatory)

Signature _____

Print Name _____

Owner/Agent (mandatory)

Signature _____

Print Name _____

ATTENTION
 All entries must include check for payment of Stalls, Drug Fee, Office Fee, and Open Check For Entries.

Stall Fee	\$195.00	\$195.00
USEF (Drug \$7-USEF \$8)	\$ 15.00	\$ 15.00
USHJA Fee	\$ 2.00	\$ 2.00
Office/Facility Fee	\$ 35.00	\$ 35.00
USEF Non Member	\$ 30.00	_____
USHJA Non Member	\$ 30.00	_____
Jumper Nomination	\$125.00	_____
Late Fee	\$ 50.00	_____
Amount Enclosed \$ _____	Check # _____	
Stable With _____		

Is Rider/Driver/Vaulter a U.S. Citizen: ___ Yes ___ No

Parent/Guardian Name _____ Emergency Contact Phone # _____

