

October 6-11, 2009
Entries close September 20, 2009



PLEASE PRINT

This entry form **MUST** include: Name of horse and complete description, name of owner, address, name of trainer, and classes that you intend to compete in.

Owner Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA # _____ SS/Fed ID # _____
 Please send copies of USEF/USHJA Membership Cards & Measurement Cards
 See below for signatures.

Trainer Name _____
 Barn Name _____
 Address _____
 City/State/Zip _____
 Cell Phone _____ Barn Phone _____
 USEF/USHJA # _____
 Please send copies of USEF/USHJA Membership Cards
 See below for signatures.

Horse Name					USEF Horse #	Rider	Age	Classes							
Color	Sex	Age	Ht	Green	EC Horse #	Rider	Age	Classes							
				1 2											

I have read the USEF Entry Agreement (GR 906.4) as printed in the Prize List 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 waive 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 I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, loner, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware 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 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 caused by me or my horse to others, even if the Harm 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 at the competition. I have read the Federation Rules about protective equipment, including GR801 and 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 AGREE that "the Federation" and "Competition" as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
 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. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

Rider Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____ ASPCA# _____
 Please send copies of USEF/USHJA numbers/measurements. See below for signatures.

Rider Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____ ASPCA# _____
 Please send copies of USEF/USHJA numbers/measurements. See below for signatures.

Rider/Driver/Handler/Vaulter/Longeur (mandatory)
 (Parent/Guardian if Rider/Handler is a minor)
 Signature: _____
 Print
 Rider Name: _____

Trainer (mandatory)
 Signature: _____
 Print Name: _____

Owner/Agent (mandatory)
 Signature: _____
 Print Name: _____

Rider/Driver/Handler/Vaulter/Longeur (mandatory)
 (Parent/Guardian if Rider/Handler is a minor)
 Signature: _____
 Print
 Rider Name: _____

Coach (if applicable)
 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	Tack Stall @ \$195 ⁰⁰ ...	\$195.00
USEF (Drug \$7; USEF \$8)		\$15.00 \$15.00
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 _____
 Make checks payable to: Midstates Horse Shows
 Mail entries to: Barb Ahrens
 8680 Rebecca Park Trail
 Rockford, MN 55373
 Ph 763.477.6023 • Fax 763.477.4053

Please enclose copy of current Coggins test.

Parent/Guardian Name _____
 Emergency contact phone number _____
 Is Rider/Driver/Vaulter a U.S. Citizen: Yes No