

OWNER
 Name _____
 Address _____
 City, state, zip _____
 Email _____
 Phone _____ USEF/USHJA# _____

PRIZE MONEY PAYEE
 Name _____
 Address _____
 City, state, zip _____
 Tax ID # _____

ENTRIES CLOSE June 16, 2010
 Make check payable to Team NW, and mail to:
Mollie Gallaway, show secretary (541) 914-0052
 P.O. Box 24508, Eugene, OR 97402
 Arrival _____ Emergency phone # _____

RIDER ONE
 Name _____
 Address _____
 City, state, zip _____
 Email _____
 Phone _____ USEF/USHJA# _____
 ASPCA# _____ OHJA# _____
 Birthday _____

RIDER TWO
 Name _____
 Address _____
 City, state, zip _____
 Email _____
 Phone _____ USEF/USHJA# _____
 ASPCA# _____ OHJA# _____
 Birthday _____

TRAINER
 Name _____
 Address _____
 City, state, zip _____
 Email _____
 Phone _____ USEF/USHJA# _____

CREDIT CARD INFORMATION
 Name _____
 Address _____
 City, state, zip _____
 Email _____
 VISA/MC # _____
 Expiration _____ 3 Digit Code _____
 Signature _____

ENTRIES CLOSE June 16, 2010
 Make check payable to Team NW, and mail to:
Mollie Gallaway, show secretary (541) 914-0052
 P.O. Box 24508, Eugene, OR 97402
 Arrival _____ Emergency phone # _____

| HORSE NAME | | USER # | Rider One R, AM, PRO | Rider Two R, AM, PRO | Rider 1 Classes | Rider 2 Classes |
|------------|-----|--------|-------------------------|-------------------------|-----------------|-----------------|
| Color | Sex | Ht. | Age | Green | 1 | 2 |
| | | | | House/Party | Sm | Med Lg |

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, 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.

RIDER ONE SIGNATURE _____ Signature _____
 _____ Print name _____
OWNER/AGENT SIGNATURE _____ Signature _____
 _____ Print name _____
TRAINER SIGNATURE _____ Signature _____
 _____ Print name _____
RIDER TWO SIGNATURE _____ Signature _____
 _____ Print name _____
PARENT/GUARDIAN SIGNATURE _____ Signature _____
 _____ Print name _____
COACH _____ Signature _____
 _____ Print name _____

\$50 Horse Deposit \$ _____
 Stalls/back rooms @ \$185 \$ _____
 Late stalls/back @ \$200 \$ _____
 Jumper Nominating Fee @ \$125 \$ _____
 Schooling/grounds @ \$50 \$ _____
 USEF Fee @ \$15(\$7 D&M, \$\$ USEF) \$ _____
 USHJA Zone Fee @ \$2 \$ _____
 FCHA Fee @ \$3 \$ _____
 USEF non-member @ \$30 person \$ _____
 USHJA non-member @ \$30 person \$ _____
 FCHA non-member fee @ \$10 \$ _____
 Haul in @ \$50 per day \$ _____
 Non showing horse @ \$25 \$ _____
 RV hookups @ \$200 \$ _____
 Patrons Passes \$ _____
 TOTAL ENCLOSED \$ _____