

OWNER

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

PRIZE MONEY PAYEE

Name _____
 Address _____
 City, state, zip _____
 Tax ID # _____

ENTRIES CLOSE April 29, 2016

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 Convenience Fee- \$25

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

HORSE NAME

Color	Sex	Ht.	Age	Green	Horse/Pony
				1 2	Sm Med Lg

USEF #

Rider One JR AM PRO	Rider Two JR AM PRO
-------------------------------------	-------------------------------------

Rider 1 Classes

Rider 2 Classes

Federation Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this Competition 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 from the competition, and agree that any actions against the Federation must be brought in New York State.

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. 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

RIDER ONE SIGNATURE

Signature _____
 Print name _____

RIDER TWO SIGNATURE

Signature _____
 Print name _____

OWNER/AGENT SIGNATURE

Signature _____
 Print name _____

PARENT/GUARDIAN SIGNATURE

Signature _____
 Print name _____

TRAINER SIGNATURE

Signature _____
 Print name _____

COACH

Signature _____
 Print name _____

\$50 Horse Deposit.....\$ _____
 _____ Stalls/tack rooms @ \$200.....\$ _____
 _____ Late stalls/tack @ \$225\$ _____
 _____ Schooling/grounds @ \$50\$ _____
 _____ USEF Fee @ \$16(\$8 D&M, \$8 USEF)....\$ _____
 _____ USHJA Zone Fee @ \$2.....\$ _____
 _____ USEF non-member @\$30 person.....\$ _____
 _____ USHJA non-member @\$30 person.....\$ _____
 _____ Haul in @ \$50 per day.....\$ _____
 _____ Non showing horse @ \$25\$ _____
 _____ RV hookups @ \$200.....\$ _____
 TOTAL ENCLOSED.....\$ _____