

# The Oregon Trail June 14 - 18, 2017 Entries Close May 31

NUMBER \_\_\_\_\_

ONE HORSE PER FORM

**OWNER**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_ USEF/USHJA# \_\_\_\_\_

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

**TRAINER**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_ USEF/USHJA# \_\_\_\_\_

**PRIZE MONEY PAYEE**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_  
 Tax ID # \_\_\_\_\_

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

**CREDIT CARD INFORMATION**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 VISA/MC # \_\_\_\_\_  
 Expiration \_\_\_\_\_ 3 Digit Code \_\_\_\_\_  
 Signature \_\_\_\_\_  
 \*\$25 convenience fee charged for all credit cards.

**ENTRIES CLOSE May 31, 2017**  
 Make check payable to Team NW, and mail to:  
 Mollie Galloway, show secretary (541) 914-0052  
 P.O. Box 24508, Eugene, OR 97402  
 Arrival \_\_\_\_\_ Emergency phone # \_\_\_\_\_

**HORSE NAME**

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

**USEF #**

<b>Rider One</b> JR AM PRO	<b>Rider Two</b> JR AM PRO
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<b>Rider 1 Classes</b>									
<b>Rider 2 Classes</b>									

**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, 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.

**This document waives important legal rights. Read it carefully before signing.**

**Federation Release, Assumption of Risk, Waiver, and Indemnification**

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 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 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.

\$50 Horse Deposit .....	\$ _____
Stalls/tack rooms @ \$225 .....	\$ _____
Late stalls/tack @ \$250 .....	\$ _____
High Jumper Nominating Fee @ \$150 \$ _____	
Low Jumper Nominating Fee @ \$35 ...\$ _____	
Hunter/EQ Nominating Fee @ \$35 .....	\$ _____
Schooling/grounds \$50 .....	\$ _____
USEF Fee \$16 (\$8 D&M, \$8 USEF) .....	\$ _____
USHJA Zone Fee \$7 .....	\$ _____
PCHA Fee \$3 .....	\$ _____
USEF Show Pass @\$30 person .....	\$ _____
USHJA Show Pass @\$30 person .....	\$ _____
Haul in @ \$50 per day .....	\$ _____
Non showing horse @ \$25 .....	\$ _____
RV hookups @ \$250 .....	\$ _____
TOTAL ENCLOSED .....	\$ _____

**OWNER/AGENT SIGNATURE** \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Print name \_\_\_\_\_

**TRAINER SIGNATURE** \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Print name \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Print name \_\_\_\_\_

**COACH** \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Print name \_\_\_\_\_