

Number

ONE HORSE PER FORM ◇◇ MOTHER'S DAY SPRING CLASSIC ◇◇ May 12 - 16, 2010 ◇◇ Eugene, Oregon

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| HORSE Name _____ Stable with _____ USHJA # _____ Breed No. _____ Color _____ Height _____ Sex _____ Birthdate _____ <input type="checkbox"/> NA <input type="checkbox"/> 1st Green <input type="checkbox"/> 2nd Green <input type="checkbox"/> Sm Jr Htr <input type="checkbox"/> Lg Jr Htr <input type="checkbox"/> Sm Pony <input type="checkbox"/> Med Pony <input type="checkbox"/> Lg Pony | OWNER Name _____ Address _____ City, state, zip _____ Email _____ Phone _____ USEF # _____ USHJA # _____ ASPCA _____ OHJA # _____ WIHS # _____ | TRAINER Name _____ Address _____ City, state, zip _____ Email _____ Phone _____ USEF # _____ USHJA # _____ ASPCA # _____ OHJA # _____ WIHS # _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIDER ONE Name _____ Address _____ City, state, zip _____ Email _____ U.S. Citizenship () yes () no Birthday _____ USEF # _____ USHJA # _____ ASPCA _____ OHJA # _____ WIHS # _____ | RIDER TWO Name _____ Address _____ City, state, zip _____ Email _____ U.S. Citizenship () yes () no Birthday _____ USEF # _____ USHJA # _____ ASPCA # _____ OHJA # _____ WIHS # _____ | PRIZE MONEY PAYEE Name _____ Address _____ City, state, zip _____ Email _____ Tax ID No. _____ FOR OFFICE USE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIDER ONE CLASSES/SECTIONS <table border="1" style="width:100%; height: 40px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | RIDER TWO CLASSES/SECTIONS <table border="1" style="width:100%; height: 40px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 at 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 -- Rose City Opener -- to the following:

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 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 all of the above provisions 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 their 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.

| | |
|--|----------|
| Total entry fees..... | \$ _____ |
| _____ stalls/tack rooms @ \$185..... | \$ _____ |
| Office/grounds @ \$30 | \$ _____ |
| USEF Fee @ \$15 (\$7 D&M, \$8 USEF)..... | \$ _____ |
| USHJA Zone Fee @ \$2..... | \$ _____ |
| _____ USEF nonbr. @ \$30 person .. | \$ _____ |
| _____ USHJA nonbr. @ \$30 person .. | \$ _____ |
| _____ Haul in @ \$50 per day..... | \$ _____ |
| _____ Non showing horse @ \$25 .. | \$ _____ |
| _____ RV hookups @ \$200 | \$ _____ |

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

ENTRIES CLOSE APRIL 23, 2010
 Make check payable to Team NW, and mail to:
Mollie Gallaway, show secretary
P.O. Box 24508, Eugene, OR 97402
(541) 914-0052
 Arrival _____ Departure _____
 Emergency phone # _____