

5/A BAKER PRODUCTS CHARITY HORSE SHOW

June 6-9, 2019 • SHOW SECRETARY LIZ PINTO email liz.pinto7@gmail.com

FOR OFFICE USE ONLY

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OWNER

Name _____
 Address _____
 City/State/Zip _____
 Telephone _____
 Owner USEF/USHJA # _____
 Owner/Agent Signature _____
 Print Name _____

RIDER ONE

Name _____
 Address _____
 City/State/Zip _____
 Telephone _____
 Signature _____
 (Parent/Guardian, if minor, or if not available, trainer must sign)

RIDER TWO

Name _____
 Address _____
 City/State/Zip _____
 Telephone _____
 Signature _____
 (Parent/Guardian, if minor, or if not available, trainer must sign)

TRAINER

Name _____
 Address _____
 City/State/Zip _____
 Telephone _____
 E-mail _____
 USEF/USHJA # _____
 Signature _____

TAXPAYER INFORMATION (for Prize Money Awards)

Name _____ SS# or Fed. ID# _____
 Mailing Address _____

NAME OF EQUITATION RIDER

Name _____ ASPCA # _____
 CHJA # _____ CHSA # _____ NEHC # _____

NAME OF HORSE

Color	Sex	Ht.	Age	Green <input type="checkbox"/> 1 <input type="checkbox"/> 2	Horse/Pony <input type="checkbox"/> sm <input type="checkbox"/> md <input type="checkbox"/> lg	Horse USEF/USHJA #		Date of Birth		Classes
						Rider One	Name of Rider	MM/DD/YYYY	MM/DD/YYYY	

SIGNATURES ABOVE INDICATE THAT EACH OF US HAS READ AND UNDERSTANDS USEF ARTICLE 1502.4 PRINTED BELOW

United States Equestrian Federation, Inc. 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 the 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 to the following:

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 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 a 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, NEHC, CHSA, CHJA, 5/A Baker Products Charity Horse Show 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 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 THIS ENTRY FORM, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of the Prize List. 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.

INDICATE BELOW QTY. ORDERED AND AMTS. DUE W/ THIS ENTRY FORM:

FEES

STALLS - BY MAY 30TH	\$160 x _____ = \$ _____
STALLS - AFTER MAY 30TH	\$250 x _____ = \$ _____
USEF Fee (USEF \$8+D&M \$15)	\$23 x _____ = \$ _____
USHJA Fee	\$7 x _____ = \$ _____
USEF Show Pass Fee	\$45 x _____ = \$ _____
USHJA Show Pass Fee	\$30 x _____ = \$ _____
Office Fee	\$35 x _____ = \$ _____
Late Fee	\$50 x _____ = \$ _____
Total Amount Enclosed	\$ _____

Credit Card Type: Master Card Visa CID # _____
 Enter Credit Card Number Below: _____

Name on Card: _____
 Signature: _____ Exp. Date (MM/YY): _____ / _____

OFFICE & STALL FEES MUST ACCOMPANY ENTRIES TO SECURE STALLS. MAKE CHECKS PAYABLE TO 5A BAKER PRODUCTS. CHECKS WILL BE DEPOSITED AND CREDIT CARDS WILL BE CHARGED OFFICE & STALL FEES UPON RECEIPT.

STABLE WITH _____ DATE OF ARRIVAL (MM/DD/YYYY) _____

5/A BAKER PRODUCTS CHARITY HORSE SHOW

June 6-9, 2019 • Show Secretary Liz Pinto email liz.pinto7@gmail.com

Outreach ring classes DO NOT need to pay USEF OR USHJA FEES and DO NOT need a MICROCHIP for their horse

**USHJA
(Outreach Ring)
Entry Blank ONLY**

Entries CLOSE June 1st • ONLY ONE HORSE/PONY PER ENTRY FORM

NAME OF HORSE/PONY	COLOR	SEX	HEIGHT	PONY S M L	TRAINER OR BARN NAME
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RIDER NAME	AGE (12/1/18)	CHJA #	CHSA #	USHJA #
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CLASS #	CLASS FEE									TOTAL FEE

CLASS #	CLASS FEE									TOTAL FEE

All entered for competition shall be under the control of the show committee and subject to the constitution and rules of the CHJA, CHSA and the local rules of the competition. Should any dispute or question arise, it shall be referred to the show committee, whose decision shall be final. I, THE UNDERSIGNED, agree that I choose to participate voluntarily in the competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as a parent or guardian of a junior exhibitor, and 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. I agree to indemnify (that is, to pay any losses, damages or costs incurred by) the competition, the management, 5/A Baker Charity Products Horse Show, the affiliated associations, and to hold them harmless with respect to claims for harm to me or my horse and from any harm caused by me or my horse to others, at the competition. If I am a parent, guardian or trainer of a junior exhibitor, I consent to the child's participation and agree to all the above provisions and agree to assume all of the obligations of this release on the child's behalf. Every exhibitor or his/her agent and trainer must sign an entry form. In the event of his/her failure to do so, his/her first entrance into the grounds shall be construed as acceptance of the rules of the show, the affiliate organizations and 5/A Baker Charity Horse Show.

RIDER

TRAINER

OWNER

X _____ Rider's Signature (Parent/Guardian if under 18)

X _____ Trainer's Signature

X _____ Owner's Signature

Print Name _____ Print Name _____ Print Name _____

Street _____ Street _____ Street _____

City/SU/Zip _____ City/SU/Zip _____ City/SU/Zip _____

Cell _____ Cell _____ Cell _____

Email _____ Email _____ Email _____

STALLS By May 30 \$160	
STALLS After May 30 \$250	
TOTAL ENTRY FEES	
POST ENTRY FEE	\$50
OFFICE FEE	\$35
TOTAL AMOUNT DUE	
CREDITS/WINNINGS	
BALANCE DUE	