Office Use Only

NAME OF HORSE



GREEN BREED COLOR



	NAME OF HORSE		USLI	OILLIN	DINLLD	COLOR	JLA	TILIOITI	AGL	Emergency Contact:
Horse name									Remark:	
CLASSES ENTERED		NAME OF RIDER	CTZ	DOB A		USEF			Make checks payable to:	

CLASSES ENTERED	NAME OF RIDER	CIZ	DOR	AGE	USEF	
1,2,3						
4,5,6						

US EQUESTRIAN FEDERATION ENTRY AGREEMENT

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulter or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of the United States Equestrian Federation, Inc. (the "Federation") and the local rules of [Competition] (Competition). I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, the fofficials regions and employees for any action taken protein the Lules. The less it that Lat eligible been ran for participate over the Rules, and every horse I am a use or assign photographs. competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to popardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy right of collective, and misabor privation with constitution and York, and any action institute against the Federal to musb fill do new of Stan See GR proof Section rates are governed by the laws of the Stateof New If not currently a USEF Active Competing member or Subscriber, I acknowledge that I will be enrolled for no cost as a USEF Fan and my USEF Fan Account will continue to annually automatically renew in USEF's sole discretion. Additionally, I acknowledge that the benefits of a USEF Fan are subject to change without notice. USEF may in its sole discretion, at any time, terminate my USEF Fan status. I acknowledge that I may opt out at any time by going to My USEF Dashboard or calling (859) 810-8733. BY SIGNING BELOW, I AGREE that I have read, understand, and agree to be bound by all applicable Federation Bylaws, rules, and policies including the USEF Safe Sport Policy and Minor Athlete Abuse Prevention Policies (MAAPP) as published at www.usef.org, as amended from time to time, as well as all terms and provisions of this 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.

Emergency Contact:	
Remark:	

Blue Ribbon Horse Shows.LLC 364 PECAN HOLLOW CIRCLE ANNA TX 75409 US

Credit Card:

Jane Doe

Visa xxxx-xxxx-xxxx-1234 Expiry:01/2020

Paid: \$123.99 Ref: P999999999

QTY.	FEE DESCRIPTION	EACH	TOTAL
	EARLY ARRIVAL	\$10.00	
	GROUNDS FEE	\$55.00	
1	NIGHT WATCH	\$20.00	\$20.00
	NON SHOWING FEE	\$100.00	
1	OFFICE FEE	\$75.00	\$75.00
	SHAVINGS	\$15.00	
1	STALL FEE	\$290.00	\$290.00
1	USEF/USHJA DRUG/MED F	\$33.00	\$33.00
	USHJA SHOW PASS	\$30.00	
	WEEKLY CAMPER	\$250.00	

(* Means Required)	OW	NER	TF	RAINER	PRIZ	E PAYEE	RID	ER 1	RIE	ER 2
Name										
Street										
City										
State/Zip										
Telephone										
USEF										
SSN for payee *				*						
Signature * *		*				*		*		