

## THE RIDGE AT WELLINGTON GROVES - UNRECOGNIZED

USHJA NUMBER

Show date:	
JIIUW UULE.	

\*USEF Not Required, but if you have one, please provide it as it will help us find you in our system!

BER COLOR SEX HEIGHT AGE FEES

S M L

							SML	USHJA Mer	USHJA Membership Required to		*Fees charged to all entries	
RIDER	R ONE NAME		USEF NUMBER*	USHJA NUMBER	D.O.B		RIDER 1	receive poir	nts in Outreach Classes	OFFICE FEE	\$65	
NIDEN	CONE NAIVIE		OSEI NOMBER	OSHSA NOMBER	5.0.5		RIDEN	CLASSES		EMT FEE	\$45	
										USHJA FEE	\$2	
RIDER	TWO NAME		USEF NUMBER*	USHJA NUMBER	D.O.B		RIDER 2	CLASSES				
OWNER				RIDER ONE								
NAME			NAME			NAME						
ADDRESS				ADDRESS			ADDRESS			STALL FEE		
CITY	STA	ATE Z	ZIP	CITY	STATE	ZIP	CITY	STATE	ZIP	POST ENTRY	\$25	
PHONE	US	EF# I	USHJA#	PHONE	USEF#	USHJA#	PHONE	USEF#	USHJA#	NON-SHOWING HORSE	\$75	
EMAIL			EMAIL			EMAIL			NOMINATION FEE	\$25		
TRAINER			PRIZE MONEY PAYEE			ON-LINE ENTRIES ACCEPTED AT WWW.HORSESHOWING.COM  EMAIL COMPLETED ENTRY BLANK TO ENTRY@RIDGESHOWJUMPING.COM			ENTRY FEES			
ADDRESS			ADDRESS			HORSE SHOW OFFICE PHONE:908-500-0996			4% CREDIT CARD			
CITY	STA	ATE Z	ZIP	CITY	STATE	ZIP	Please visit horseshowing	ng.com or www.ridgeshowj	umping.com for updates!	CONVENIENCE FEE		
PHONE	US	EF# I	USHJA#	SSN OR TAX ID#				TOTAL DUE\$				
EMAIL			EMAIL			Is Rider a U.S. Citizen: YESNO			TOTAL DUE\$			
ENTRY AGREEMENT By entering a 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 rules and regulations of The Ridge at Riverview Horse Shows (competition) I agree to be bound by the rules and regulations of The Ridge at Riverview Horse Shows I will accept as final the decision of the management on any question arising under the Rules, and agree to release and hold harmless the competition, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, or sport. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize 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 publicity, or to misappropriation. The construction and application of the rules and regulations are governed by the laws of the State of New Jersey, and any action instituted against the competition must be filed in New Jersey.  I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OB BUIGATIONS.  By signing below, I (as the participant or as the Parent/Legal Guardian of the minor's behalf, makes a claim for Liability against any												
	OWNER			RIDER ONE		RIDER TWO		TRAINE	:R	EMERGENCY CONT	TACT	
OWNER/AGENT SIGNATURE RIDER ONE SIGNATUR		E RIDER TWO SIGNATURE		TRAINER SIGNATURE			NAME					
RINT NAME PRINT NAME		PRINT NAME		PRINT NAME			PHONE					
CARD NUMBER				CREDIT CARD INFORMATION: PLEASE PF	RINT CLEARLY NOTE	: A 4% CONVENIENCE FEE V	WILL BE ASSESSED ON ALL CRE	DIT CARD CHARGES  EXP		CID		
NAME ON CARD			SIGNATURE			PHONE			BILLING ZIPCODE			
				l			I			L		