

**ONLY ONE (1) OWNER PER FORM**

OWNER	
Print Name of Legal Owner (Signature on Back)	
Street or P.O. Box of Owner or Agent	
City	State Zip
Phone No. of Owner	Owner Email Address
USEF #	ASHA #
AMHA # / AHA #	UPHA #

# Charity Fair Horse Show

## USEF ENTRY FORM Saddlebred, Morgan, Arabian, Opportunity

**JUNE 10 – 13, 2020**

**Del Mar, California - Fairgrounds**

**COMPLETE BOTH SIDES OF THIS FORM**

**ENTRIES CLOSE MAY 23, 2020**

TRAINER	
Print Trainer's Name (Signature on Back)	
Street or P.O. Box of Trainer	
City	State Zip
Phone No. of Trainer	Trainer Email Address
USEF #	ASHA #
AMHA # / AHA #	UPHA #

LEAVE BLANK	NAME OF HORSE (Class Number Under Name. One Class Per Square)	TOTAL FEES	BREED REG # & USEF REC #	RIDER, DRIVER OR HANDLER (Provide address on reverse)			
			BREED REG#	NAME:			
			USEF REC#	USEF:	ASHA:	AMHA/ AHA:	UPHA:
			BREED REG#	NAME:			
			USEF REC#	USEF:	ASHA:	AMHA/ AHA:	UPHA:
			BREED REG#	NAME:			
			USEF REC#	USEF:	ASHA:	AMHA/ AHA:	UPHA:
			BREED REG#	NAME:			
			USEF REC#	USEF:	ASHA:	AMHA/ AHA:	UPHA:

**PLEASE SEND COPIES OF HORSE REGISTRATION PAPERS SHOWING PROOF OF OWNERSHIP, USEF MEMBERSHIP CARDS, ASHA, AMHA, AHA AND UPHA MEMBERSHIP CARDS AS APPLICABLE, AND PONY MEASUREMENT CARDS WITH THIS ENTRY FORM.**

CREDIT CARD PAYMENT INFORMATION	
Name as it appears on card	
Card Number / Type	
Exp. Date	Billing Zip Code
3 digit security code	
Cardholder's Signature	
Note – 3% transaction fee to be applied	

**MAKE ALL CHECKS PAYABLE TO:  
CHARITY FAIR HORSE SHOW**

**NO ENTRIES ACCEPTED UNLESS  
ACCOMPANIED BY CHECK IN FULL  
OR CREDIT CARD AUTHORIZATION**

**FOR MORE INFORMATION CALL:  
RON HOOD (831) 637-8510**

**MAIL ENTRIES TO:**

**CHARITY FAIR HORSE SHOW  
RON HOOD  
280 MANSFIELD ROAD  
HOLLISTER, CA 95023**

ENTRY FEES .....	\$ _____
POST ENTRY FEE (PER HORSE – SEE RULE 13 - \$25 if before 6/6...(_____) x \$ 40	\$ _____
OFFICE FEES (PER OWNER) .....	x \$ 45\$ _____
CREDENTIALS at \$18.00 per person .....	(_____) x \$ 18 \$ _____
STALLS/TACK ROOMS, NO FIRST BEDDING .....	(_____) x \$ 150 \$ _____
EARLY ARRIVALS (PER DAY, PER STALL – SEE RULE 24) .....	(_____) x \$ 35 \$ _____
GROUNDS FEE per horse, per day for horses not requiring stalls.....	(_____) x \$ 35 \$ _____
CA DRUG FEE (PER HORSE).....	(_____) x \$ 8 \$ _____
USEF FEE \$23/horse (\$15 drugs/meds; \$8 USEF) .....	(_____) x \$ 23 \$ _____
USEF Single Event Show Pass - (per person non-members).....	(_____) x \$ 45 \$ _____
AMHA Non-Member Fee (per owner, trainer and exhibitor).....	(_____) x \$ 45 \$ _____
AHA Single Event Fee (per owner, trainer and exhibitor).....	(_____) x \$ 35 \$ _____
AHA Horse Fee.....	(_____) x \$ 15 \$ _____
BOX SEATS – SEE PAGE 5.....	(_____) x \$ 350 \$ _____
CLASS SPONSOR – SEE PAGE 5.....	\$ _____
TOTAL ENCLOSED .....	\$ _____
SAFE SPORT TRAINING COMPLETED - YES _____ NO _____	
STABLE WITH:	

## 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, Vaultor 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 the Competition. I agree to be bound by the Bylaws and Rules of the Federation and 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, 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 Federation and/or the Competition may use or assign photographs, videos, audios, cable-casts, broadcasts, internet, film, news 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, 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 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 Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4

### 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, Charity Fair Horse Show, to the following:

- I Agree that "the Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates.
- I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaultor, 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, Charity Fair Horse Show at the San Diego County Fair, 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, Charity Fair Horse Show, Del Mar Fairgrounds, 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 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 and 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. BOD 1/23/11 Effective 12/1/11**

#### OWNER/AGENT (MANDATORY)

Adult Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

#### RIDER/DRIVER/HANDLER #1 (MANDATORY)

Print Name: \_\_\_\_\_ Jr. DOB: \_\_\_\_\_

Rider #1 Street Address: \_\_\_\_\_

Rider #1 City/State/Zipcode: \_\_\_\_\_

Emergency Contact Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Rider #1 Signature: \_\_\_\_\_

(If exhibitor is a minor, Parent/Guardian to sign)

Print Name – of Adult/Guardian: \_\_\_\_\_

#### TRAINER (MANDATORY)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

#### RIDER/DRIVER/HANDLER #2 (MANDATORY)

Print Name: \_\_\_\_\_ Jr. DOB: \_\_\_\_\_

Rider #2 Street Address: \_\_\_\_\_

Rider #2 City/State/Zipcode: \_\_\_\_\_

Emergency Contact Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Rider #2 Signature: \_\_\_\_\_

(If exhibitor is a minor, Parent/Guardian to sign)

Print Name – of Adult/Guardian: \_\_\_\_\_