

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 9 – 12, 2021

Del Mar, California - Fairgrounds

COMPLETE BOTH SIDES OF THIS FORM

OR ONLINE @ www.HorseShowsOnline.com

ENTRIES CLOSE MAY 24, 2021

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) 524-5248**

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 - \$30 if before 6/5... (____) x \$ 40	\$ _____
OFFICE FEES (PER HORSE).....	x \$ 25 \$ _____
COVID-19 FEE (PER HORSE)..... (____) x \$ 25	\$ _____
STALLS/TACK ROOMS, NO FIRST BEDDING	(____) x \$ 175 \$ _____
EARLY ARRIVALS (PER DAY, PER STALL – SEE RULE 24)	(____) x \$ 40 \$ _____
GROUND'S FEE per horse, per day for horses not requiring stalls.....	(____) x \$ 45 \$ _____
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 7	(____) x \$ 400 \$ _____
CLASS SPONSOR – SEE PAGE 7	\$ _____
TOTAL ENCLOSED	\$ _____
SAFE SPORT TRAINING COMPLETED - YES _____ NO _____	
STABLE WITH:	

Charity Fair Horse Show and Del Mar Fairgrounds Waiver and Release Form

Charity Fair Horse Show and Del Mar Fairgrounds - 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 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 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 caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Competition.
- I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition.
- I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) 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 at the Competition. I understand that I am entitled to wear protective equipment without penalty and I acknowledge that the Competition 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 AGREE that the Charity Fair Horse Show and the Del Mar Fairgrounds, as used above includes all of the 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 Competition 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 CHARITY FAIR HORSE SHOW, DEL MAR FAIRGROUNDS RULES AND ALL TERMS AND PROVISIONS OF THIS ENTRY BLANK. 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.

OWNER/AGENT (MANDATORY)

TRAINER (MANDATORY)

Adult Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

RIDER/DRIVER/HANDLER #1 (MANDATORY)

RIDER/DRIVER/HANDLER #2 (MANDATORY)

Print Name: _____ Jr. DOB: _____

Print Name: _____ Jr. DOB: _____

Rider #1 Street Address: _____

Rider #2 Street Address: _____

Rider #1 City/State/Zipcode: _____

Rider #2 City/State/Zipcode: _____

Emergency Contact Phone No: _____ Email address: _____

Emergency Contact Phone No: _____ Email address: _____

Rider #1 Signature: _____

Rider #2 Signature: _____

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

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

Print Name – of Adult/Guardian: _____

Print Name – of Adult/Guardian: _____