

# 2026 FOLLY FARM

Please Enter Online At: [www.horsheshowing.com](http://www.horsheshowing.com)

USEF ENTRY BLANK

Name:	Sex:	Color:	Age:	Height:	This entry is for USEF classes only: To Enter OR Classes, You Must Use The OR Entry Blank
USEF / USHJA #:	Microchip #:				

PRIZE MONEY RECIPIENT (If other than owner)				SECTIONS / CLASSES ENTERED	
Payee:		RIDER 1:		List Section #s and/or Class #s For Rider 1:	
Address:					
City:	State:	Zip:	RIDER 2:	List Section #s and/or Class #s For Rider 2:	
SSN or Fed Tax ID #:					

## USEF 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 FOLLY FARM.. 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, 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, 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, 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. See GR907.4. If not currently a USEF Active Competing member or Subscriber and competing only in classes that are exempt from membership requirements, I acknowledge and agree that I will be enrolled at no cost as a USEF Fan and my USEF Fan Account will continue to annually automatically renew unless and until USEF determines in its sole discretion to terminate my Fan account. Additionally, I acknowledge that the benefits of a USEF Fan are subject to change without notice. I acknowledge that I may opt out at any time by going to My USEF Dashboard or by 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](http://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.

## Fees Due With This Entry

___ Office / Facility Fee @ \$50	\$50.00
___ NEHC Fee @ \$2.00	\$2.00
___ USEF Fees (\$10/\$15)	\$25.00
___ OUTREACH Fee @ \$5.00	\$5.00

## Other Possible Fees Due At The Show

USHJA Show Pass Fee: \$30  
Non-Showing Fee @ \$100

OWNER		TRAINER / COACH		RIDER ONE (1)			RIDER TWO (2)				
Name:		Name:		Name:			Name:				
Address:		Barn Name:		Address:			Address:				
City:	State:	Zip:	Address:	City:	State:	Zip:	City:	State:	Zip:		
USEF #:	USHJA #:		City:	State:	Zip:	USEF #:	USHJA #:		USEF #:	USHJA #:	
SSN or Fed Tax ID #:	USEF #:		USHJA #:		MHJ #:	MHC #:	NEHC #:	MHJ #:	MHC #:	NEHC #:	
Phone #:	Phone #:		Date Of Birth (mm/dd/yyyy):			Date Of Birth (mm/dd/yyyy):					
Email:	Email:		Email:			Email:					
Signature:	Signature:		Signature:			Signature:					
Emergency Contact (during the show) - Name:			Phone: (     )			Or parent / guardian signature if rider is under 18 years of age			Or parent / guardian signature if rider is under 18 years of age		
Is Rider/Driver/Vaultor a U.S. Citizen: ___Yes ___ No											



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**RIDER/DRIVER/HANDLER/VAULTER/LONGEUR** (mandatory) **OWNER/AGENT** (mandatory)

Signature:

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Print Name:

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**TRAINER** (mandatory)

Signature:

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Print Name:

---

Signature:

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Print Name:

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**COACH** (if applicable)

Signature:

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Print Name:

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Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaultor/Longeur is a minor) \_\_\_\_\_

Print Parent//Guardian Name: \_\_\_\_\_ Emergency Contact Phone No. \_\_\_\_\_

UNITED STATES EQUESTRIAN FEDERATION : 4001 WING COMMANDER WAY : LEXINGTON, KY 40511 : 859.258.2472 : FAX 859.231.6662 : USEF.ORG