

Ofc. Use

**ONE HORSE
PER
ENTRY BLANK**



EASTERN STATES EXPOSITION HORSE SHOW
1305 MEMORIAL AVENUE, WEST SPRINGFIELD, MA 01089
PHONE: (413) 205-5016 FAX: (413) 787-0127
FAX AFTER 9/12/09: (413) 205-5108

September 30 - October 4, 2009
Hunters/Jumpers
Hunt Seat Equitation
USHJA Zone 1 Finals

Name of Horse or Pony	Federation/ID #	Color	Sex	Height	Age	Green Year	
						1st	2nd
Rider One	USEF #	Date of Birth		List Classes			
Rider Two	USEF #	Date of Birth					

ENTRIES CLOSE AUGUST 15

SEND EXHIBITOR BADGES & PARKING PASSES TO:

NAME: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

**RESERVED PARKING AND BADGES
WILL NOT BE MAILED UNLESS PAYMENT IN FULL
HAS BEEN RECEIVED NO LATER THAN 9/1/09.**

**ORDER
FEED AND BEDDING
IN ADVANCE**

413-205-5307
or
www.thebige.com/agriculture

EVERY HORSE MUST HAVE A STALL

**NUMBERS WILL NOT BE RELEASED WITHOUT PROPER
CREDENTIALS AND ALL SIGNATURES
ARE IN ORDER**

**ENTRY BLANKS MAY BE DOWNLOADED AT
WWW.THEBIGE.COM/HORSESHOW**

**FAILURE TO PRESENT PROPER USEF/USHJA MEMBERSHIP
CARDS WILL RESULT IN NON-MEMBER FEES
BEING CHARGED**

STABLE WITH:

OFFICE USE ONLY Date Rec'd _____

Check # _____ Amt _____

SIGNATURES REQUIRED ON
BACK SIDE OF THIS FORM

How Many	Total Entry Fees	Nom Fee	Entry Fees
	BOX STALLS @ \$90 EACH		
	TACK STALLS @ \$95 EACH		
	USEF DRUG FEE @ \$15 PER HORSE (USEF \$8 D/M \$7)		\$ 15
	USEF NON-MEMBER FEE \$30 Owner ____ Rider ____ Trainer ____		
	USHJA Non-Member Fee \$30 Owner ____ Rider ____ Trainer ____		
	MASS HORSEMEN'S COUNCIL Hunter Exhibitors \$1 per horse		\$ 1
	CAMPER PARKING @ \$175 EACH		
	SPONSORSHIP Regular Class \$100 Championship Class \$175		
	RESERVED ON GROUNDS PARKING @ \$75		
	EXHIBITOR BADGES \$10 EACH WHEN ORDERED WITH ENTRY BLANK. BADGES PURCHASED AFTER 9/1/09 WILL BE \$20.		
	BOX SEATS: 4 @ \$100; 6 @ \$150; 8 @ \$200		
	OFFICE FEE \$10 PER HORSE		\$ 10
	LATE FEE AFTER 8/15/09 @ \$15		
	EASTERN STATES EXPOSITION FOUNDATION TAX DEDUCTIBLE DONATION		
	TOTAL FEES DUE		
	AMOUNT OF CHECK ENCLOSED		
	Visa ____ MasterCard ____ DISCOVER ____ Card # _____ Expiration Date _____ Signature _____		

PAYMENT IN FULL MUST ACCOMPANY THIS FORM

United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State.

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 Eastern States Exposition 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 Federation and the Competition 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 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 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 have read the Federation Rules about protective equipment, including GR 801 and 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 AGREE that "the Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

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.

Owner (Mandatory)	Trainer (Mandatory)	Rider/Driver #1 (Mandatory)	Rider/Driver #2 (Mandatory)
X _____ Signature	X _____ Signature	X _____ Signature	X _____ Signature
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Incorporated: Yes No Address: _____ <input type="checkbox"/> <input type="checkbox"/>	Address: _____	Address: _____	Address: _____
Town/City: _____	Town/City: _____	Town/City: _____	Town/City: _____
State/Zip: _____	State/Zip: _____	State/Zip: _____	State/Zip: _____
Telephone: _____	Telephone: _____	Telephone: _____	Telephone: _____
Fax: _____	Fax: _____	Fax: _____	Fax: _____
Cell: _____	Cell: _____	Cell: _____	Cell: _____
E-Mail: _____	E-Mail: _____	E-Mail: _____	E-Mail: _____
Owner's USEF#: _____	Trainer's USEF#: _____	#1 Rider USEF#: _____	#2 Rider USEF#: _____
Social Security #: _____	Social Security #: _____	Social Security #: _____	Social Security #: _____
Emergency Contact Information: Name: _____ Telephone: _____	Coach (If Applicable) X _____ Signature Print Name: _____ Federation #: _____	Parent/Guardian (required if rider/driver/handler is a minor) X _____ Signature Print Name: _____	Parent/Guardian (required if rider/driver/handler is a minor) X _____ Signature Print Name: _____

Is Rider/Driver a US Citizen: Yes _____ No _____