

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 17 - 20, 2009
Saddlebreds, Hackneys, Morgans & Friesians

ENTRIES CLOSE AUGUST 15

Name of Horse or Pony	USEF #	Registration #	Color	Sex	Height	Age
Rider or Driver One	USEF #	NEHC #	UPHA #	Date of Birth	List Classes	
Rider or Driver Two	USEF #	NEHC #	UPHA #	Date of Birth		

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.**

**IF QUALIFIED FOR 2009 ASHA REGIONAL CHAMPIONSHIP,
PLEASE LIST SHOWS, DIVISION & PLACINGS WHERE QUALIFIED**

Show	Division	Placing
1. _____		
2. _____		
3. _____		

**ORDER FEED AND BEDDING
IN ADVANCE**

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

**EVERY HORSE MUST HAVE A STALL
COPIES OF REGISTRATION PAPERS
MUST ACCOMPANY ENTRY BLANK**

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

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

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

WARNING: Under Massachusetts Law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risk of equine activities pursuant to Chapter 128, Section 2D of the General Laws.

STABLE WITH:

OFFICE USE ONLY

Date Rec'd _____

Check # _____ Amt _____

**SIGNATURES REQUIRED ON
BACK SIDE OF THIS FORM**

How Many	Total Entry Fees
	BOX STALLS @ \$90 EACH
	NEHC Finals Equitation Horse BOX STALL @ \$45
	TACK STALLS @ \$95 EACH
	USEF DRUG FEE @ \$15 PER HORSE (USEF \$8 D/M \$7) \$ 15
	USEF NON-MEMBER FEE \$30 Owner _____ Rider _____ Trainer _____
	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 be 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)	
X _____	Signature
Print Name: _____	
Incorporated: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address: _____	
Town/City: _____	
State/Zip: _____	
Telephone: _____	
Fax: _____	
Cell: _____	
E-Mail: _____	
Owner's USEF#: _____ ASHA# _____	
Social Security #: _____	
Emergency Contact Information:	
Name: _____	
Telephone: _____	

Trainer (Mandatory)	
X _____	Signature
Print Name: _____	
Address: _____	
Town/City: _____	
State/Zip: _____	
Telephone: _____	
Fax: _____	
Cell: _____	
E-Mail: _____	
Trainer's USEF#: _____ ASHA# _____	
Social Security #: _____	
Coach (If Applicable)	
X _____	Signature
Print Name: _____	
Federation #: _____	

Rider/Driver #1 (Mandatory)	
X _____	Signature
Print Name: _____	
Address: _____	
Town/City: _____	
State/Zip: _____	
Telephone: _____	
Fax: _____	
Cell: _____	
E-Mail: _____	
#1 Rider USEF#: _____	
Social Security #: _____	
Parent/Guardian (required if rider/driver/handler is a minor)	
X _____	Signature
Print Name: _____	

Rider/Driver #2 (Mandatory)	
X _____	Signature
Print Name: _____	
Address: _____	
Town/City: _____	
State/Zip: _____	
Telephone: _____	
Fax: _____	
Cell: _____	
E-Mail: _____	
#2 Rider USEF# _____	
Social Security #: _____	
Parent/Guardian (required if rider/driver/handler is a minor)	
X _____	Signature
Print Name: _____	

Is Rider/Driver a US Citizen: _____ Yes _____