

Country Hill Farm Horse Show • December 4, 2011

Closing Date for Entries: November 30, 2011

Fax Entries to: 410-876-7050

Ofc. Use	Name of Horse or Pony					USEF #	Riders	Circle	Classes
							Rider One	Jr Am Pro	Rider One Classes
	Color	Sex	Height	Age	Green 1 2	Horse/Pony SM MD LG	Rider Two	Jr Am Pro	Rider Two Classes

Owner/Agent	Rider One	Rider Two	Trainer
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Print Name: _____ Address: _____ Phone: _____ USEF # _____ E-Mail: _____ Junior <input type="radio"/> Amateur <input type="radio"/> Professional <input type="radio"/>	Print Name: _____ Address: _____ Phone: _____ USEF # _____ Birthdate _____ E-Mail: _____	Print Name: _____ Address: _____ Phone: _____ USEF # _____ Birthdate _____ E-Mail: _____	Print Name: _____ Address: _____ Phone: _____ USEF # _____ E-Mail: _____
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UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR908.6) 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, Country Hill Farms 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, 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 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, 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 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 GR801 and, if applicable, EV 114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me that I 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 all of the above provisions 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.

Coggins Number _____

Date Read _____

Mail Entries to:
Beverly Abbott 410.259-2575
4201 Brown Road 410.756-6057
Taneytown, MD 21787

Office Fee	\$20.00
USEF Federation Fee	\$15.00
USHJA Zone Support Fee	2.00
Late Fee - \$15.00	
USEF Non Member - \$30.00	
USHJA Non Member - \$30.00	
Stall Fee - \$65.00/night	
TOTAL DUE	

Stable with _____
Arrival _____ Departure _____
Emergency Contact Phone # _____

Parent/Guardian (Required if Rider is a minor)

Signature: _____
Print Name: _____

Owner/Agent (Mandatory)	Rider One (Mandatory)	Rider Two (Mandatory)	Trainer (Mandatory)
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Signature: _____ Print Name: _____	Signature: _____ Print Name: _____	Signature: _____ Print Name: _____	Signature: _____ Print Name: _____
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Make Checks Payable to: MBH Inc.

Country Hill Farm Entry Blank

December 3, 2011

Pre-Entries Deadline - November 30, 2011

Fax entries to: 410-876-7050

Mail Entries to:

Beverly Abbott

4201 Brown Rd., Taneytown, MD 21787

Ofc. Use	Name of Horse or Pony	USEF #	MHSA #	Color	Sex	Height	Age	Green Year	Horse/Pony	Amateur
								1st 2nd	Sm Med Lg	Y O
Name of Rider One		Age	USEF #	MHSA #	Division _____					Total Fees
					Individual Classes					
Name of Rider Two		Age	USEF #	MHSA #	Division _____					Total Fees
					Individual Classes					

ENTRY AGREEMENT

By entering a Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, or Handler and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the rules of the competition.

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition, Country Hill Farms Horse Show, to the following:

I AGREE that the MHSA 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 MHSA affiliates.

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, 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 MHSA and the Competition 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, directly or indirectly, from the negligence of the MHSA 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 Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the MHSA 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 MHSA Rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the MHSA strongly encourages me that I 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 all of the above provisions 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 MHSA on the official accident/injury report form.

BY SIGNING BELOW, I AGREE to be bound by all applicable MHSA Rules and all terms and provisions of this entry blank.

<p>Coggins Information</p> <p>Assession # _____</p> <p>Date Read _____</p>

Office Fee	\$20.00
Late Fee - \$15.00	
Stall Fee - \$65.00 per day	
TOTAL DUE	

Stable with _____

All checks returned by the bank will be charged \$50.00

Rider (mandatory)	Owner/Agent (mandatory)	Trainer (mandatory)	Coach (if applicable)
Signature: _____	Signature: _____	Signature: _____	Signature: _____
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Address: _____	Address: _____	Address: _____	Address: _____
_____	_____	_____	_____
Phone: _____	Phone: _____	Phone: _____	Phone: _____
E-Mail: _____	E-Mail: _____	E-Mail: _____	E-Mail: _____

Parent/Guardian Signature (Required if rider is a minor): _____ Print Parent/Guardian Name: _____