



ONLY ONE HORSE PER ENTRY FORM PLEASE

Send Entries to:  
Charlene Brown  
22 South Mayd Street  
Newport, RI 02840

(ph) 401-849-2696 (fax) 401-848-2985

SHOW DATE: \_\_\_\_\_



NAME OF HORSE	USEF #	COLOR	SEX	HEIGHT	AGE	PONY / JR. HUNTER			MEASUREMENT CARD #				TRAINER OR BARN NAME					
						SMALL	MEDIUM	LARGE										
Rider #1 Name		RIHA #	NEHC #	DOB	ASPCA	Tel. #	Classes Entered	Class #									TOTALS	
Address					USEF #	Email		Entry Fee										
Rider #2 Name		RIHA #	NEHC #	DOB	ASPCA	Tel. #		Class #										
Address					USEF #	Email		Entry Fee										

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for Heritage Equestrian Center Horse Show 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 from 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 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, 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 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 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 while at the Competition. I have read the Federation Rules about protective equipment,

including GR801 and, if applicable, 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 all of the above revisions 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.

There will be a \$50 service charge for any checks returned unpaid.

All competitors must present their current USEF, RIHA and NEHC membership cards or a copy thereof before a number can be given by the secretary.

Entry Fees - Rider 1	
Entry Fees - Rider 2	
One-Time Warm-Up Fee	\$25.00
Insurance/Number/RIHA fees	\$ 5.00
Office / EMT	\$ 20.00
DRUG TEST \$7.00/ADMIN FEE \$8.00	\$15.00
Post Entry Fee @ \$20	
Total Due	
Credits / Purses	
Account Balance	
Paid in Cash	
Check Number	

Rider #1 - Parent/Guardian if rider is a minor (Mandatory): Signature:	Trainer (Mandatory): Signature:	Rider #2 - Parent/Guardian if rider is a minor (Mandatory): Signature:
Print Name:	Print Name:	Print Name:
Owner/Agent (Mandatory): Signature:	Trainer Address:	
Print Name:	Trainer Tel. #	Coach (If applicable) Signature:
Owner/Agent (Mandatory): Address:		Print Name:
Owner/Agent Tel. #:		Tel. #:

Make checks payable to:

Heritage Equestrian Center