

Sea Coast Classic II
 Entries Close 2 days
 Prior to Show

Equitation Day
Saturday, July 18, 2009
Marshfield Fairgrounds, Marshfield, MA

ONLY ONE HORSE PER ENTRY FORM PLEASE
 Send Entries to: Charlene Brown
 22 South Mayd Street
 Newport, RI 02840
 Tel: 401-849-2696 • Fax: 401-848-2985
 Email: Cinnbayinc@aol.com

NAME OF HORSE	USEF #	COLOR	SEX	HEIGHT	DOB	PONY / JR HUNTER			MEASUREMENT CARD #	TRAINER OR BARN NAME			
						SM	MED	LG					
RIDER #1 NAME		AGE:		RIDER 1 - USEF #	MHC #	C L A S S E S	CLASS #						TOTALS
ADDRESS				ASPCA #	NEHC #		ENTRY FEES						
		TEL:				E N T R E D	CLASS #						
RIDER #2 NAME		AGE:		RIDER 2 - USEF #	MHC #		ENTRY FEES						
ADDRESS				ASPCA #	NEHC #								
		TEL:											

USEF Entry Agreement

I have read the USEF (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.

USEF 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, The Sea Coast Equitation Day Show, to the following:

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 release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and from 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 GR801 and EV113, and 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 the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

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

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

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

Rider 1 (Mandatory) Signature: Print Name: SS#	Owner/Agent (Mandatory) Signature Print Name: USEF#	Trainer/Coach (mandatory) Signature Print Name: USEF#
Rider 1 Parent/Guardian if rider is a minor (Mandatory) Signature Print Name: SS#	Address: SS#	Address: SS#
Rider 2 (If Applicable) Signature: Print Name: SS#	Tel#	Tel.#: Guardian Emergency Contact Phone No: Is Rider a U.S. Citizen ____ YES ____ No

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

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

Pre-Entries must be accompanied by payment or signed check.

Entry Fees - Rider 1	
Entry Fees - Rider 2	
Warm-ups @ \$20.	
Insur./Number/MHC	20.00
USEF Drug Test \$7. & Administrative Fee \$8.	15.00
Post Entry Fee @ \$20.	
Total Due	
Credits / Purses	
Account Balance	
Paid in Cash	
Check Number	

Make checks payable to: Sea Coast Classics

UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 128, SECTION 2D OF THE GENERAL LAWS.

I agree to indemnify and save harmless the Sea Coast II Equitation Day, New England Horsemen's Council and the Massachusetts Horsemen's Council, its directors, officers, members, employees, and agents thereof from and against any and all loss, costs, or expenses or any claim thereof, of whatever nature arising or to arise, for and on account, or by reason of the entry or entries hereby made. I further agree that if any damage shall be occasioned or loss occur by fire or otherwise to the horses exhibited, or to any vehicle or article that I may send with such horses that I will make no claim therefore; and I further agree to indemnify and hold harmless Marshfield Fairgrounds or its agents, from any and all loss, costs or expenses or any claim thereof.