

DATE _____
 RECEIVED: _____
 AMOUNT _____
 ENCLOSED: _____

Check # _____
 Payee: _____

WARRENTON HORSE SHOW HUNTER BREEDING

Saturday, SEPTEMBER 3, 2011

BREEDING CLASSES ONLY

**ONE HORSE PER ENTRY BLANK
 NO PHONE ENTRIES ACCEPTED**

REGULAR HUNTER BREEDING ENTRIES CLOSE ONE HOUR PRIOR TO CLASS

Entry #	Coggins	NAME OF HORSE	USEF Reg. Number	Breed	Color	Sex	Height	Age

Classes Entered	Name	USEF #	VHSA #
	Handler		
	Owner		

Name of Sire
Name of Dam
Sire of Dam

FEDERATION ENTRY AGREEMENT

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for the Warrenton Horse Show ("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 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 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.

Total Entry _____

Rescue/Medical Fee \$10 per horse entry	\$10.00
Office Fee \$20.00	\$20.00
Stall Fee: \$150.00 - No. of Stalls _____	
USEF Drug Fee: \$15 (Drug Fee: \$7 USEF Fee \$8)	\$15.00
USEF Non-Member Fee: \$30.00	
USHJA Non-Member Fee: \$30.00	
USHJA Zone Fee	\$2.00
TOTAL DUE	
AMOUNT PAID	
STABLE WITH:	
# TACK STALLS _____ # HORSE STALLS _____	

Emergency Contact: _____
 Contact #: _____

Owner/Agent Signature* _____	Trainer/Agent Signature* _____	First Handler/Agent Signature* _____	Second Handler/Agent Signature* _____
Owner/Agent Name (please print) _____	Trainer/Agent (please print) _____	First Handler/Agent Name (please print) _____	Second Handler/Agent (please print) _____
Address _____	Address _____	Address _____	Address _____
City _____	City _____	City _____	City _____
State _____ Zip _____	State _____ Zip _____	State _____ Zip _____	State _____ Zip _____
Telephone(_____) _____	Cell (_____) _____	Telephone (_____) _____	Telephone (_____) _____
Owner's USA Equestrian # _____	Trainer's USA Equestrian # _____	Rider's USA Equestrian # _____	Rider's USA Equestrian # _____
Email: _____	Email: _____	Email: _____	Email: _____

WARRENTON HORSE SHOW
FEED ORDER FORM
FEED AND BEDDING SUPPLIED BY
VIRGINIA-WEST, SMITHFIELD, VA, (757) 630-8664

To have bedding delivered to your assigned stalls before your arrival, complete and return with entries.

ITEM _____ QUANTITY _____

SHAVINGS _____

ALFALFA _____

TIMOTHY _____

12% Sweet 12% Pellet 10% Sweet 10% Pellet

BILL TO ENTRY: _____

NAME & STABLE: _____

ADDRESS _____

CITY _____ STATE _____

PHONE _____ CELL _____

ARRIVAL DATE _____