

DATE _____
 RECEIVED: _____ Check # _____
 AMOUNT _____
 ENCLOSED: _____ Payee: _____

WARRENTON HORSE SHOW
 August 31 - September 4, 2011
Hunter Entry

ONE HORSE PER ENTRY BLANK
INCOMPLETE ENTRIES WILL BE RETURNED
NO PHONE ENTRIES ACCEPTED
Entries Close August 18, 2011
Stall Fee or Open Check Must Accompany Entry

Coggins _____

Do Not Use This Space	NAME OF HORSE	USEF Reg. Number	Breed	Color	Sex	Height	Age

Do Not Use This Space	Classes Entered	Name of Rider	Age	Amateur Card	Entry Fee
		1st Rider			
		2nd Rider			

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.

Schooling Fee \$20.00	
Office Fee \$20.00	\$20.00
Late Fee \$20.00	
Rescue/Medical Fee \$10 per owner	\$10.00
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/Coach Signature*	First Rider/Agent Signature*	Second Rider/Agent Signature*
Owner/Agent Name (please print) _____	Trainer/Agent Name (please print) _____	Rider/Handler Name (please print) _____	Rider's Name (please print) _____
Address _____	Address _____	Address _____	Address _____
City _____	City _____	City _____	City _____
State _____ Zip _____	State _____ Zip _____	State _____ Zip _____	State _____ Zip _____
Telephone (_____) _____	Cell (_____) _____	Telephone (_____) _____	Telephone (_____) _____
Owner's USEF # _____	Trainer's USEF # _____	Rider's USEF # _____	Rider's USEF # _____
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 _____