RECEIVED: AMOUNT ENCLOSED			BREEDI		ugust 31, 20 ING CLASSI	23 ES ONLY		NO	Age	RSE PER ENTRY I	BLANK CEPTEI
		Classes Entered			Name		USEF	<u></u>	VHSA#	Name of Dam	
		Olasses Efficied	Handler Owner				OGLI	"	VIIOA #	Sire of Dam	
provisions. I ur	iderstand and agree tha	n Federation, Inc. (the "Federation") Entry Agreement (GF by entering this Competition, I am subject to Federation against the Federation must be brought in New York Sta	Rules, the Prize List, and local te.	rules of the competition. I a	Show ("Competition") and gree to waive the right to	d agree to all of its the use of my photos fror	n the Reso	cue/Medic	al Fee \$10 p	Total Entry _	\$10.00
Federation Release, Assumption of Ris				kisk, Waiver, and Indemnification				Office Fee \$20.00			\$20.00
								Stall Fee: \$225.00 - No. of Stalls			
and receration amiliates. 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 quardian of a junior exhibitor. USEF Non-Mer								e: \$23 (Drug	23 (Drug Fee: \$15) \$23.00		
								F Non-Me	Member Fee: \$45.00		
I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, lo suffering, or death. ("Harm"). I AGREE to hold harmless and release the Federation and the Competition from all claims for money damages or otherwich the state of the Federation and the Competition from the profile of the Federation and the Competition from the profile of the Federation and the Competition from the profile of the Federation and the Competition from the profile of the Federation and the Competition from the profile of the Federation and the Competition from the profile of the Federation and the Competition from the profile of the Federation and the Competition from the federation fr				f accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain,				IJA Non-M	lember Fee:	: \$30.00	
				otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my			my USF	IJA Fee			\$2.00
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 AMOUNT PAID)			
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								# HORSE STALLS			
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 and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand											
			Trainer/Coach Signatu	, , , , ,		First Rider/Agent Sign				Second Rider/Agent Sign	
		_									
Owner/Agent Name (please print) Trainer/Agent Name (please		ie (piease 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 ()							
Dwner's USEF # Trainer's USEF #			SS#	Rider's USEF #SS#			Rider's USEF # SS#				
Email:		Email:			Email:				Email:		

DATE

WARRENTON HORSE SHOW FEED ORDER FORM

FEED AND BEDDING SUPPLIED BY TRI-COUNTY FEEDS, FASHIONS, FINDS

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

ITEM		QUANTITY						
SHAVINGS:								
HAY (Timothy/Grass):								
FEED: ☐ Sweet ☐ Pellet								
BILL TO ENTRY:								
NAME & STABLE:								
ADDRESS								
CITY								
PHONE	_ CELL							
	ARRIVAL DATE							