

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

WARRENTON HORSE SHOW
September 1-5, 2021
Hunter / Jumper / Opportunity Pleasure Entry

ONE HORSE PER ENTRY BLANK
INCOMPLETE ENTRIES WILL BE RETURNED
NO PHONE ENTRIES ACCEPTED
Entries Close August 15, 2021
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			

Prize Money Recipient:
 Name _____
 Address _____
 SS# or FED ID # _____

FEDERATION ENTRY AGREEMENT

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of The Warrenton Horse Show (Competition). I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

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, vaultor, 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 and all terms and provisions of this entry blank and 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.

Office Fee \$20.00	\$20.00
Late Fee \$20.00	
Rescue/Medical Fee \$10 per owner	\$10.00
Stall Fee: \$225.00 - No. of Stalls _____	
USEF Drug Fee: \$23	\$23.00
USEF Non-Member Fee: \$45.00	
USHJA Non-Member Fee: \$30.00	
USHJA Zone Fee	\$7.00
TOTAL DUE	
AMOUNT PAID	
STABLE WITH:	
# TACK STALLS _____ # HORSE STALLS _____	
Show Pass	
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 # _____ SS# _____	Trainer's USEF # _____ SS# _____	Rider's USEF # _____ SS# _____	Rider's USEF # _____ SS# _____
Email: _____	Email: _____	Email: _____	Email: _____

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 _____ STATE _____

PHONE _____ CELL _____

ARRIVAL DATE _____