

Make checks payable to:

Chagrin Valley Farms, P.O. Box 714, Chagrin Falls, OH 44022

Arrival Date

Departure Date

No.

Horse's Name		Horse's USEF #		Color		Height		Measurement Card		A-O Age	
USE RIDER NUMBER (#1 or #2) TO INDICATE Section and Rider	Low Working Hunter	Baby Green Hunter	Very Green Hunter	Suitable Hunter	Junior Hunter 3'3"	Amateur Owner 33"	Amateur Owner 36"	Adult Amateur Hunter	Low Adult Hunter	Childrens Pony Hunter	Childrens Pony Hunter
	Green Hunter 3'	Green Hunter 3'3"	Green Hunter	Childrens Hunter	Low Childrens Hunter	Non Pro	Adult Rider	Low Inter	Performance 3'3"	Performance 3'6"	Performance 3'6"
		1	2								
Write in Class Numbers and rider number for Individual Classes											
Beginner Rider <input type="checkbox"/> Limit Rider <input type="checkbox"/> Short Stirrup <input type="checkbox"/> Training <input type="checkbox"/> Schooling Int Child Jumper <input type="checkbox"/> Adult Jumper <input type="checkbox"/> Low Child/Ad Jumper <input type="checkbox"/> Children-Adult Jumper <input type="checkbox"/> Junior-A/O Jumper <input type="checkbox"/> Modif. Jumper <input type="checkbox"/>											

Classes _____ Sections _____

United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (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. 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 above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. 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 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.

Owner USEF# _____	Trainer USEF# _____	TOTAL ENTRY FEE
Owner _____	Trainer _____	
Street Address _____	Street Address _____	STALLS: PREPAID: \$100.00
City/State/ZIP _____	City/State/ZIP _____	WEEKEND AT SHOW: \$120.00
Phone /Fax# _____	Phone#/Fax# _____	OVERNIGHT: \$50.00; DAY: \$25.00
SS#/TIN# _____	Trainer Signature _____	TACK STALL \$100.00
Name Associated with SS/TIN _____	Coach _____ Coach USEF# _____	NON-SHOWING HORSE \$50.00
Owner/Agent Signature _____	Coach Signature _____	SHOW PASS FEE (please circle)
		USHJA: \$30.00
		USEF DRUG TESTING FEE PER HORSE (D & M: \$15.00; USEF: \$8.00) \$23.00
		NOMINATING FEE: \$75.00
		USHJA Zone Support Fee \$ 2.00
		GROUPS FEE \$25.00
		TRAILER IN FEE \$20.00 PER DAY
		OFFICE FEE \$10.00
Rider #1 _____	Rider #2 _____	
DOB _____	DOB _____	
USEF# _____ ASPCA# _____	USEF# _____ ASPCA# _____	
Street Address _____	Street Address _____	
City/State/ZIP _____	City/State/ZIP _____	
Rider/Agent Signature _____	Rider/Agent Signature _____	
Parent Signature (for junior riders) _____	Parent Signature (for junior riders) _____	
Emergency Contact Phone No. _____	Emergency Contact Phone No. _____	
	RCVD. CHK. # _____	Total Amount Due _____
	CHK. # _____	Amount Enclosed _____
		Balance Due _____