

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	Open Hunter	Junior Hunter 3'3"	Amateur Owner 3'3"	Amateur Owner 36"	Adult Amateur Hunter	Low Adult Hunter	Childrens Pony Hunter	Children-Adult Jumper								
	Pregreen Hunter 3'	Pregreen Hunter 3'3"	Green Hunter	Childrens Hunter	Low Childrens Hunter	Non Pro	Childrens Pony Eq Flat #75	Limit Rider Flat Eq #92	Short Stirrup Eq #81	Pony Eq Flat 17 & U Eq #90	Childrens Eq Flat #82	Green Pony Hunter S M L	High Perform. Hunter	Limit Rider	Short Stirrup	Training	Schooling Int Child Jumper	Low Child/Ad Jumper	Junior-A/O Jumper
		1 2										Write in Class Numbers and rider number for Individual 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 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 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.

TOTAL ENTRY FEE	
Owner USEF# _____	Trainer USEF# _____
Owner _____	Trainer _____
Street Address _____	Street Address _____
City/State/ZIP _____	City/State/ZIP _____
Phone /Fax# _____	Phone# /Fax# _____
SS# /TIN# _____	Trainer Signature _____
Name Associated with SS/TIN _____	Coach _____ Coach USEF# _____
Owner/Agent Signature _____	Coach Signature _____
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. # _____ CHK. # _____
	Total Amount Due _____
	Amount Enclosed _____
	Balance Due _____