

Make checks payable to:

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

Arrival Date	Departure Date	No.
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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 3'3"	Amateur Owner 3'6"	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"	Childrens Pony Hunter	Childrens Pony Hunter
			1 2	Childrens Hunter	Special Hunter	Performance 3'6"				Childrens Pony Hunter	Childrens Pony Hunter
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, longer, 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, and for claims made by others for any Harm caused by me or my horse while at 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 understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while participating 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	NON-SHOWING HORSE \$50.00
Owner/Agent Signature	Coach USEF#	SHOW PASS FEE (please circle)
	Coach USEF#	USHJA: \$30.00
		USEF: \$45.00
		USEF DRUG TESTING FEE PER HORSE (D & M: \$15.00; USEF: \$8.00)
		NOMINATING FEE: \$75.00
		USHJA Zone Support Fee
		\$ 2.00
		GROUND'S FEE
		\$25.00
		TRAILER IN FEE \$20.00 PER DAY
		OFFICE FEE
		\$20.00
Rider #1	Rider #2	
DOB	DOB	
USEF#	USEF#	
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