

Owner				Rider One				Trainer							
Owner Name				Rider Name				Trainer Name							
Address				Address				Farm/Business Name							
City		State		Zip		State		Zip		State		Zip			
Social Security # or TIN#				Birthday mm/dd/yy				USEF Age				ASPCA #			
Phone		USEF #		USHJA #		Phone		USEF #		USEF #		USHJA #			
Email				Email				Email							
Recipient of Prize Money Awards				Rider Two				Riders/Divisions/Classes							
Individual or Corporation Name				Rider Name				Rider One							
Social Security # or Federal Tax ID #				Address				Rider Two							
Address		City		State		Zip		State		Zip		State		Zip	
City		State		Zip		Birthday mm/dd/yy		USEF Age		ASPCA #		USEF #		USHJA #	
Phone		USEF #		USHJA #		Phone		USEF #		USEF #		USHJA #		USHJA #	
Email				Email				Email							
Horse				Horse/Pony Description				Fees and Payment Information							
Horse Name		USEF #		USHJA #		Age		Color		Sex		Height		Pre-Order Bales of Shavings \$11 each QTY:	
Horse Arrives Date				Stable With				Circle if Applicable: Sm Med Lg				Show Photographer Sign-up Fee \$25 <input type="checkbox"/>			
<p align="center">USEF Entry Agreement, Release of Liability, Assumption of Risk, Waiver and Indemnification</p> <p>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. <u>Release, Assumption of Risk, Waiver and Indemnification</u> 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, EY114 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.</p>															
Owner/Agent				Rider				Trainer							
Signature (Parent/Guardian required if minor)				Rider One Signature (Parent/Guardian required if minor)				Trainer Signature							
Print Name				Rider Two Signature (Parent/Guardian required if minor)				Emergency Contact Phone #							
Mail Entry to: Barbara Baierle C/O Cascade Horse Shows 1604 33rd Ave Ct SW Puyallup, WA 98373				Work Phone: 253-268-0463 after 7/8 Cell: 425-530-5544 Fax: 206-374-2877 Email: BBaierle2@gmail.com				Checks Payable to: Cascade Horse Shows Or Enter Online (CCs only) at HorseShowTime.com or EquestrianConnect.com							

SIGNED RELEASES REQUIRED WITH EACH ENTRY FORM

WSHP Release of Liability for Property Damage, Personal Injury or Death

I choose to participate voluntarily in Equine Activities, as that term is defined in RCW 4.24.530(2), at the Washington State Horse Park ("WSHP"). The WSHP is an equine activity sponsor, as that term is defined in RCW 4.24.530(3). I am fully aware of and acknowledge that Equine Activities involve inherent dangerous risk of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death ("Harm").

I agree to release WSHP Authority and the individual WSHP Board members and the WSHP Foundation and the individual WSHP Foundation Board Members, their agents, assigns, employees and contractors and members, the City of Cle Elum and Suncadia, LLC (hereinafter collectively referred to as the "Released Parties") from all claims for money damages or loss for any Harm to me, my injury or death, the injury or death of my child(ren) named below ("Child") or my horse or for any Harm caused by me or my horse to others, even if the Harm, directly or indirectly, resulted from the negligence of the Released Parties.

I agree to expressly assume all risks of Harm to me or my child or my horse.

I agree to indemnify the Released Parties and to hold the Released Parties harmless from all claims, causes of action and money damages resulting from Harm to me, my Child, or my horse while I am participating in Equine Activities at the WSHP facility.

Under Washington State law, except as provided in RCW 4.24.540(2), an equine activity sponsor or an equine professional shall not be liable for an injury or the death of a participant engaged in an equine activity, and, except as provided in subsection (s) of this section, no participant nor participant's representative may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant engaged in an equine activity.

I have read and understand the Rules and Regulations of WSHP that are posted on the WSHP property. I understand these rules and regulations of WSHP will be changed from time to time and I agree to abide by the changed rules. I represent that I and/or my child have the requisite training, coaching and ability to participate safely in the activities we chose to pursue at WSHP.

Release of Photographic and Video Images

I hereby give permission to WSHP and those acting with its authority the unrestricted right and permission to use, publish and republish any photographic or video images of me and/or my horse for promotional and marketing purposes of the Horse Park. I also permit the use of any printed material in connection therewith and relinquish any right to review or restrict it's use or publication.

I have read and understand these Releases; my signature below signifies my acceptance of their terms and conditions. I agree these Releases shall remain in full force and effect until they are specifically revoked by me in writing or superseded by new releases issued by the Horse Park and signed by me.

Name of Event _____ Event Date(s) _____

Participant's Name _____ DOB if under 18 _____

Participant's Signature _____ Today's Date _____

If Event Participant is under 18 years of age, his/her parent must sign on his/her behalf below:

Parent's Name _____ Today's Date _____

Parent's Signature _____

Signer's Home Address: _____

City _____ State _____ Zip Code _____



Thank You. Please ride within your limits and have a wonderful time at the WSHP.

Cascade Horse Shows LLC Release of Photographic & Video Images and Audio

I hereby give Cascade Horse Shows LLC (CHS) and those acting with its authority the unrestricted and perpetual rights and permission to use, publish, and republish photographic and video images and audio recordings of me and/or my horse(s) and our names, taken at CHS shows in which I may be included in whole or in part, composite or edited or retouched in character or form. Said photographic and video images and audio recordings may be used for promotional, marketing and other business purposes including but not restricted to banners, prize lists, websites, promotional film DVDs, and advertisements. If the person photographed, videoed and/or recorded is under 18, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf.

Date: _____ Adult Name: _____

Minor Name: _____ (if under 18) Address: _____

Phone: _____ Signature: _____

