

Owner			Rider One			Trainer										
Owner Name			Rider Name			Trainer Name										
Address			Address			Farm/Business Name										
City	State	Zip	City	State	Zip	Address										
Social Security # or TIN#			Birthday mm/dd/yy		USEF Age	ASPCA#		City	State	Zip						
Phone		USEF #	USHJA#		Phone		USEF #	USHJA#		Cell Phone	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	See Separate Forms to Pre-Order Hay/Feed, Reserve RV Spot, Golf Car										
City	State	Zip	Birthday mm/dd/yy		USEF Age	ASPCA#		<b>Pre-Order Shavings on this Entry Form</b> <b>EVERYONE MUST SIGN RELEASES ON BACK OF ENTRY FORM</b>								
Phone		Phone		USEF #		USHJA#										
Email			Email			Fees and Payment Information										
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				Stall/Tack \$215 Mon-Sun 7pm Included			QTY:						
<b>USEF Entry Agreement, Release of Liability, Assumption of Risk, Waiver and Indemnification</b>											Horse Stall \$35 Sun night-8am Mon - week 2 only			<input type="checkbox"/>		
											<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.</p> <p><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.</p> <p>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").</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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>					
Non-Showing Horse: Stall Fee + \$75/week			<input type="checkbox"/>			Haul In Fee \$30/horse/day										
Mandatory Schooling Fee \$35   Manure Disposal & Garbage Fee \$50																
Jumper Nominating Fee \$40   Hunter/EQ Nominating Fee \$40																
US Equestrian Fee \$23 (Drugs & Meds \$15, US EQ \$8)																
USHJA Zone Support Fee \$7																
SHOW PASS FEES - US Equestrian \$45, USHJA \$30																
Credit Card # - 3.5% convenience fee per transaction will be added for CC use.																
Exp Date mm/yy			CCV#			Zip Code										
Name on Card (please print)																
Billing Address																
Signature Authorizing Payment																
<b>\$250 Competition Deposit Required per Show</b>																
Competition Deposit Fully Refundable Prior to Entry Close Date																
Owner/Agent			Rider			Trainer			Coach							
Signature (Parent Guardian required if minor)			Rider One Signature (Parent/Guardian required if minor)			Rider US Citizen? YES NO		Signature			Signature					
Print Name			Rider Two Signature (Parent/Guardian required if minor)			Rider US Citizen? YES NO		Emergency Contact Phone #			Print Name					
Mail Entry to: Barbara Baierle C/O Cascade Horse Shows				Work Phone: 253-256-7803 after 6/9 Cell: 425-530-5544				Checks Payable to: Cascade Horse Shows								
1604 33rd Ave Ct SW Puyallup, WA 98373				Fax: 206-374-2877 Email: BBBaierle2@gmail.com				Or Enter Online (CCs only) at HorseShowTime.com or EquestrianConnect.com								