

# MIDSTATES SPRING HORSE SHOW – MAY 5-9, 2010

**Entries Close April 19, 2010**

**PRINT**  
 Owner Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_  
 SS/Fed ID# \_\_\_\_\_

*Please send copies of USEF/USHJA Membership Cards & Measurement Cards  
 See below for signatures*

**Make checks payable to: Midstates Horse Shows**  
**Mail entries to: Barb Ahrens**  
**8680 Rebecca Park Trail**  
**Rockford, MN 55373**  
**763 477 6023**  
**763 477 4053 Fax**

*This entry form MUST include: Name of horse and complete description, name of owner, address, name of Trainer, and classes that you intend to compete in.*

**PRINT**  
 Trainer Name \_\_\_\_\_  
 Barn Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Barn Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_ ASPCA# \_\_\_\_\_

*Please send copies of USEF/USHJA Membership Cards  
 See below for signatures*

HORSE NAME					USEF HORSE#	RIDER	Age	CLASSES							
Color	Sex	Ht	Age	Green	EC HORSE#	RIDER	Age								
				1 2											

I have read the USEF Entry Agreement (GR 906.4) as printed in the Prize List for Midstates Horse Shows, LLC 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 waiver the right to the use of my photos from the competition, and agree that any actions against the Federation must be brought in New York State.

**USEF Federation 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, Midstates Horse Shows, LLC Horse Show, to the following:  
 I AGREE that “the Federation” and “Competition” as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, Personnel, volunteers and Federation affiliates.  
 I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware 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 of any nature to me or my horse and for any Harm 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 assume all of the obligations of this Release on the child’s behalf.  
 I AGREE that “the Federation” and “Competition” as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.  
 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.  
 I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

**BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.**

Rider/Driver/Handler/Vaulter/Longeur (mandatory)  
 (Parent/Guardian if Rider/Handler is a minor)

Signature: \_\_\_\_\_

Print Rider Name \_\_\_\_\_

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Rider/Driver/Handler/Vaulter/Longeur (mandatory)  
 (Parent/Guardian if Rider/Handler is a minor)

Signature: \_\_\_\_\_

Print Rider Name \_\_\_\_\_

Trainer (mandatory)

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

---

Coach (if applicable)

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Owner/Agent (mandatory)

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**ATTENTION**  
 All entries must include check for payment of Stalls, Drug Fee, Office Fee, and Open Check for Entries

Is Rider/Driver/Vaulter a U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

**PRINT**  
 Rider Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_ ASPCA# \_\_\_\_\_

*Please send copies of USEF/USHJA numbers/measurements  
 See below for signatures*

**PRINT**  
 Rider Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_ ASPCA# \_\_\_\_\_

*Please send copies of USEF/USHJA numbers/measurements  
 See below for signatures*

Stall Fee @175 Tack Stall @175	\$175.00	
Office/Facility Fee	\$ 35.00	\$ 35.00
USEF (Drug \$7-USEF \$8-USHJA \$2)	\$ 17.00	\$ 17.00
USEF Non Member	\$ 30.00	
USHJA Non Member	\$ 30.00	
Jumper Nomination	\$100.00	
Late Fee	\$ 50.00	
Amount Enclosed \$ _____	Check # _____	
Stable With _____		

Parent/Guardian Name \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_

# MIDSTATES SUMMERFEST HORSE SHOW (Week 1) - JUNE 9-13, 2010

Entries Close May 20, 2010

PRINT  
 Owner Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_  
 SS/Fed ID# \_\_\_\_\_  
 Please send copies of USEF/USHJA Membership Cards & Measurement Cards  
 See below for signatures

**Make checks payable to: Midstates Horse Shows**  
**Mail entries to: Barb Ahrens**  
**8680 Rebecca Park Trail**  
**Rockford, MN 55373**  
**763 477 6023**  
**763 477 4053 Fax**

*This entry form MUST include: Name of horse and complete description, name of owner, address, name of Trainer, and classes that you intend to compete in.*

PRINT  
 Trainer Name \_\_\_\_\_  
 Barn Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Barn Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_ ASPCA# \_\_\_\_\_  
 Please send copies of USEF/USHJA Membership Cards  
 See below for signatures

HORSE NAME					USEF HORSE#	RIDER	Age
Color	Sex	Ht	Age	Green	EC HORSE#	RIDER	Age
				1 2			

CLASSES					

  

CLASSES					

I have read the United States Equestrian Federation, Inc. (the Federation) Entry Agreement (GR 906.4) as printed in the Prize List for Midstates Horse Shows, LLC Horse Show 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 from the competition, and agree that any actions against the Federation must be brought in New York State.

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 I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware 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 of any nature to me or my horse and for any Harm 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 assume all of the obligations of this Release on the child's behalf.  
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 I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

**BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.**

Rider/Driver/Handler/Vaulter/Longeur (mandatory)  
 (Parent/Guardian if Rider/Handler is a minor)  
 Signature: \_\_\_\_\_  
 Print Rider Name \_\_\_\_\_

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Rider/Driver/Handler/Vaulter/Longeur (mandatory)  
 (Parent/Guardian if Rider/Handler is a minor)  
 Signature: \_\_\_\_\_  
 Print Rider Name \_\_\_\_\_

Trainer (mandatory)  
 Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

---

Coach (if applicable)  
 Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

Owner/Agent (mandatory)  
 Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

**ATTENTION**  
 All entries must include check for payment of Stalls, Drug Fee, Office Fee, and Open Check for Entries

Is Rider/Driver/Vaulter a U.S. Citizen: \_\_\_\_ Yes \_\_\_\_ No

PRINT  
 Rider Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_ ASPCA# \_\_\_\_\_  
 Please send copies of USEF/USHJA numbers/measurements  
 See below for signatures

PRINT  
 Rider Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_ ASPCA# \_\_\_\_\_  
 Please send copies of USEF/USHJA numbers/measurements  
 See below for signatures

Stall Fee @175 Tack Stall @175	\$175.00	_____
Office/Facility Fee	\$ 35.00	<u>\$ 35.00</u>
USEF (Drug \$7-USEF \$8-USHJA \$2)	\$ 17.00	<u>\$ 17.00</u>
USEF Non Member	\$ 30.00	_____
USHJA Non Member	\$ 30.00	_____
Jumper Nomination	\$100.00	_____
Late Fee	\$ 50.00	_____
Amount Enclosed \$	_____	Check # _____
Stable With	_____	

Parent/Guardian Name \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_

# MIDSTATES SUMMER HORSE SHOW – JUNE 16-20, 2010 (Week 2)

**Entries Close May 20, 2010**

**PRINT**  
 Owner Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_  
 SS/Fed ID# \_\_\_\_\_  
*Please send copies of USEF/USHJA Membership Cards & Measurement Cards  
 See below for signatures*

**Make checks payable to: Midstates Horse Shows**  
**Mail entries to: Barb Ahrens**  
**8680 Rebecca Park Trail**  
**Rockford, MN 55373**  
**763 477 6023**  
**763 477 4053 Fax**

*This entry form MUST include: Name of horse and complete description, name of owner, address, name of Trainer, and classes that you intend to compete in.*

**PRINT**  
 Trainer Name \_\_\_\_\_  
 Barn Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Barn Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_ ASPCA# \_\_\_\_\_  
*Please send copies of USEF/USHJA Membership Cards  
 See below for signatures*

HORSE NAME					USEF HORSE#	RIDER	Age	CLASSES							
Color	Sex	Ht	Age	Green	EC HORSE#	RIDER	Age	CLASSES							
				1 2											

I have read the United States Equestrian Federation, Inc. (the Federation) Entry Agreement (GR 906.4) as printed in the Prize List for Midstates Horse Shows, LLC Horse Show 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 waiver the right to the use of my photos from the competition, and agree that any actions against the Federation must be brought in New York State.

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Rider/Driver/Handler/Vaulter/Longeur (mandatory)  
 (Parent/Guardian if Rider/Handler is a minor)  
 Signature: \_\_\_\_\_  
 Print Rider Name \_\_\_\_\_

Trainer (mandatory)  
 Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

Owner/Agent (mandatory)  
 Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

Rider/Driver/Handler/Vaulter/Longeur (mandatory)  
 (Parent/Guardian if Rider/Handler is a minor)  
 Signature: \_\_\_\_\_  
 Print Rider Name \_\_\_\_\_

Coach (if applicable)  
 Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

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Is Rider/Driver/Vaulter a U.S. Citizen: \_\_\_ Yes \_\_\_ No

**PRINT**  
 Rider Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_ ASPCA # \_\_\_\_\_  
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 See below for signatures*

**PRINT**  
 Rider Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/ State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_ ASPCA# \_\_\_\_\_  
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Office/Facility Fee	\$ 35.00	<u>\$ 35.00</u>
USEF (Drug \$7-USEF \$8-USHJA \$2)	\$ 17.00	<u>\$ 17.00</u>
USEF Non Member	\$ 30.00	_____
USHJA Non Member	\$ 30.00	_____
Jumper Nomination	\$100.00	_____
Late Fee	\$ 50.00	_____
Amount Enclosed \$ _____	Check # _____	
Stable With _____		

Parent/Guardian Name \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_

# MIDSTATES FALL HORSE SHOW – SEPTEMBER 15-19, 2010

**Entries Close August 27, 2010**

**PRINT**  
 Owner Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_  
 SS/Fed ID# \_\_\_\_\_

*Please send copies of USEF/USHJA Membership Cards & Measurement Cards  
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**PRINT**  
 Trainer Name \_\_\_\_\_  
 Barn Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Barn Phone \_\_\_\_\_

USEF/USHJA# \_\_\_\_\_ ASPCA# \_\_\_\_\_  
*Please send copies of USEF/USHJA Membership Cards  
 See below for signatures*

HORSE NAME					USEF HORSE#	RIDER	Age	CLASSES							
Color	Sex	Ht	Age	Green	EC HORSE#	RIDER	Age								
				1 2											

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Rider/Driver/Handler/Vaulter/Longeur (mandatory)  
 (Parent/Guardian if Rider/Handler is a minor)

Signature: \_\_\_\_\_

Print Rider Name \_\_\_\_\_

Trainer (mandatory)

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Owner/Agent (mandatory)

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Rider/Driver/Handler/Vaulter/Longeur (mandatory)  
 (Parent/Guardian if Rider/Handler is a minor)

Signature: \_\_\_\_\_

Print Rider Name \_\_\_\_\_

Coach (if applicable)

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**ATTENTION**  
 All entries must include check for payment of Stalls, Drug Fee, Office Fee, and Open Check for Entries.

Is Rider/Driver/Vaulter a U.S. Citizen: \_\_\_ Yes \_\_\_ No

**PRINT**  
 Rider Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

USEF/USHJA# \_\_\_\_\_ ASPCA# \_\_\_\_\_

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**PRINT**  
 Rider Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

USEF/USHJA# \_\_\_\_\_ ASPCA# \_\_\_\_\_

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Amount Enclosed \$ _____	Check # _____	_____
Stable With _____		