

MIDSTATES FALL HORSE SHOW - SEPTEMBER 12-16, 2012

Entries Close August 27, 2012

PRINT
 Owner Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHA# _____
 SS/ Fed ID# (No prize money issued without SSN) _____
Please send copies of USEF/USHA Membership Cards & Measurement Cards See below for details

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/USHA# _____ ASPCA# _____
Please send copies of USEF/USHA Membership Cards See below for details

HORSE NAME	USEF HORSE#	RIDER	Age
Color	Sex	HT	Age
	Green	1 2	
	EC HORSE#	RIDER	Age
CLASSES			
CLASSES			
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 any 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 above includes all of the 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, hunter, jumper, 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 accidents, 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 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 the 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.

Rider/Driver/Handler/Vaulter/Jumper (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/Jumper (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/USHA# _____ ASPCA# _____
Please send copies of USEF/USHA numbers/measurements See below for details

Stall Fee @175 Tack Stall @175	\$175.00	
Office/Facility Fee	\$40.00	\$40.00
USEF (Drug \$8-USEF \$8)	\$16.00	\$16.00
USHA Fee	\$ 2.00	\$ 2.00
USEF Non Member	\$30.00	
USHA Non Member	\$30.00	
Jumper Nomination	\$100.00	
Late Fee	\$ 50.00	
Amount Enclosed \$ _____	Check # _____	
Stable With _____		

Parent/Guardian Name _____ Emergency Contact Phone Number _____