Mid States Encore: Stall Counts Due 5-24-17 Entries Close 5-31-17

Send entries to: Mid States Horse Shows PO Box 549 Elkhorn NE 68022

HORSE														
Name							Breed			Stable With			Arrives	
USEF				Sex	Ht	Age	Year	Green	Size	FOR OFFICE USE				
Sire Dam			Passport			Meas. Card MC Ht								
PRIZE RECIPIENT Name, Address, Phone				CREDIT CAR	RD.					CLASSES				
				Rider						Rider 1:				
				Number/ Type										
				Expires		CSC		Zip		Rider 2:				
Tax ID					Name			Signature						
LEGAL											STALLS & FEES			
UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT I have read the United States Equestion. Federation, inc, (the "Federation") Entry Agreement (GR908 4) as printed in 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 R Isk, Waiver and I Indemnification. This document waives important legal rights. Read it carefully before signing. IAGREE in consideration for my participation in this Competition the following: IAGREE that the "Federation" and "Competition" is used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affliated organizations. IAGREE that the "Federation" and "Competition" in my horse, as a richer, driver, handler, vautler, 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'). IAGREE 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 including Harm resulting from the negligience of the Federation or the Competition. I AGREE to expressly assume all risks of I-fam to me or my horse, and for any horse in claims made by others for any Harm caused by me or my horse, expend for dains made by others for any Harm caused by me or my horse, and for claims made by others for any Harm caused by me or my horse, and for claims made by others for any Harm caused by me or my horse, and for claims made by others for any Harm caused by me or my horse, expending than the rederation or the Competition. I have read the Federation Rules about protective equipment, i													7 ————————————————————————————————————	
OWNER Name, Address, Phone, Email TRAINER Name, Address, Phone, Email							RIDER 1 Name, Address, Phone, Email				Total Enclosed RIDER 2 Name, Address, Phone, Email			
USEF	ASPCA		USEF	ASPCA			USEF	ASPC	٩.		USEF	ASPCA		
Nationality			Nationality				Nationality			Nationality		Status		
Owner Signature:			DOB Age Trainer Signature:		e Sta	tus	DOB Rider 1 Signature:		Age	Status	DOB Rider 2 Signature:			
Emergency Contact			Coach Signature:				Rider 1 Parent Signature:				Rider 2 Parent Signature:			