Mid States Summerfest June 10-14, 2015 North Iowa Events Center, Mason City, IA

Send Entries to: Mid States Horse Shows P.O. Box 549 Fikhorn NF 68002

											2				
HORSE															
Name				Color			Breed			Stable With		A	rrives		
USEF				Sex	Ht	Age	Year	Green	Size	FOR OFFICE USE					
Sire		Dam		Passport			Meas. Card		MC Ht						
PRIZE RECIPIENT Name, Address, Phone			CREDIT CAF	RD			CLASSES								
				Number/ Type						Rider 1:					
				Expires CSC			Zip			Rider 2:					
Tax ID					Name			Signature							
LEGAL											STALLS & FEES				
											Stall fee	Stall fee \$175			
UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT											Stall fee after closin	ng	\$190		
I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize Listfor 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											Stall fee - 1 Day/Nig	ght	\$100		
photos at the competition, and agree that any actions against the Federation must be brought in New York State.										Stall fee, day (if ava	\$50				
Release, Assumption of R isk, Waiver and I ndemnification. This document waives important legal rights. Read it carefully before signing.											Drug, USEF, USHJA Fee		\$8, \$8, \$2	18	
I AGREE in consideration for my participation in this Competition to the following:											USEF show pass fee		\$30		
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											USHJA show pass	fee	\$30		
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											Office Fee		\$45	45	
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											Late Entry Fee		\$50		
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, EV114 and I understand that I am entitled to wear protective equipment without penalty,											Non Stabled Horse	Fee	\$75		
											Non Showing Stabled Horse \$		\$90		
											Non Showing Non Stabled Horse \$75		\$75 day		
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											Jumper Nom. Fee (\$150 after closing) \$130				
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.											Camper Fee, weekly		\$200		
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										Credit Card Charge		3%			
on the official USEF accident/injury report form.											Please include stall and office fees with deposit.				
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.										Total Enclosed					
OWNER Name, Address, Phone, Email TRAINER Name, Add									RIDER 1 Name, Address, Phone, Email			RIDER 2 Name, Address, Phone, Email			
USEF	ASPCA		USEF	ASPCA			USEF	ASP	CA		USEF A	ASPCA			
Nationality Nationality							Nationality				Nationality				
DOB	Age	Status	DOB	Ag	e Status	3	DOB		Age	Status	DOB	Age	Status		
Owner Signature:							Rider 1 Signatur	Rider 1 Signature:			Rider 2 Signature:				
Emanage			Casab Signature	Dides d Door 1	Name to the second			Didas 2 Darant Sinastrus							
Emergency Contact		Coach Signature:				Rider 1 Parent S	signature:			Rider 2 Parent Signature:					