

MID STATES SPRING HORSE SHOW– May 28-June 1, 2014 (Week 1)

Entries Close May 15, 2014

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

Make checks payable to: Mid States Horse Shows
Mail entries to: Barb Ahrens
8680 Rebecca Park Trail
Rockford, MN 55373
612 749 5585
763 477 4053 Fax

This entry form MUST include: Name of horse and complete description, Registration/Recording #, 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 , Inc. (the "Federation") Entry Agreement (GR 906.4) as printed in the Prize List for Mid States 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, Mid States 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, longuer, 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").
 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/Longeur (mandatory)

Signature: _____
 (Parent/Guardian if Rider/Handler is a minor)

Print Rider Name _____

Rider/Driver/Handler/Vaulter/Longeur (mandatory)

Signature: _____
 (Parent/Guardian if Rider/Handler is a minor)

Print Rider Name _____

Trainer (mandatory)

Signature _____

Print Name _____

Owner/Agent (mandatory)

Signature _____

Print 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# _____
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			
Stall Fee (After Closing Date) @ 190	\$190.00			
Office/Facility Fee	\$ 40.00		\$ 40.00	
USEF (Drug \$8-USEF \$8)	\$ 16.00		\$ 16.00	
USHJA Fee	\$ 2.00		\$ 2.00	
USEF Show Pass (If Non Member)	\$ 30.00			
USHJA Show Pass (If Non Member)	\$ 30.00			
Jumper Nomination (if applicable)	\$130.00			
Late Fee	\$ 50.00			

Amount Enclosed \$ _____ Check # _____

Stable With _____

MID STATES SUMMERFEST HORSE SHOW - JUNE 4-8, 2014 (Week 2)

Entries Close May 15, 2014

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

Make checks payable to: Mid States Horse Shows
Mail entries to: Barb Ahrens
8680 Rebecca Park Trail
Rockford, MN 55373
612 749 5585
763 477 4053 Fax

This entry form MUST include: Name of horse and complete description, Registration/Recording #, 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 United States Equestrian Federation, Inc. (the Federation) Entry Agreement (GR 906.4) as printed in the Prize List for Mid States 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 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 "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, longeur, 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").
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/Longeur (mandatory)
Signature: _____
(Parent/Guardian if Rider/Handler is a minor)
Print Rider Name _____

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

Parent/Guardian Name _____ Emergency Contact Phone Number _____

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# _____
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See below for signatures*

Stall Fee @175 Tack Stall @175	\$175.00	_____
Stall Fee (After Closing Date) @ 190	\$190.00	_____
Office/Facility Fee	\$ 40.00	\$ 40.00
USEF (Drug \$8-USEF \$8)	\$ 16.00	\$ 16.00
USHJA Fee	\$ 2.00	\$ 2.00
USEF Show Pass (If Non Member)	\$ 30.00	_____
USHJA Show Pass (If Non Member)	\$ 30.00	_____
Jumper Nomination (if applicable)	\$130.00	_____
Late Fee	\$ 50.00	_____
Amount Enclosed \$ _____	Check # _____	
Stable With _____		

MID STATES SUMMER HORSE SHOW - JUNE 11-15, 2014 (Week 3)

Entries Close May 15, 2014

PRINT
 Owner Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____
 SS/Fed ID# (No prize money issued without SS#) _____

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

Make checks payable to: Mid States Horse Shows
Mail entries to: Barb Ahrens
8680 Rebecca Park Trail
Rockford, MN 55373
612 749 5585
763 477 4053 Fax

This entry form MUST include: Name of horse and complete description, Registration/Recording #, 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											

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Rider/Driver/Handler/Vaulter/Longeur (mandatory)

Signature: _____
 (Parent/Guardian if Rider/Handler is a minor)

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

Parent/Guardian Name _____ Emergency Contact Phone Number _____

PRINT
 Rider Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____ ASPCA # _____

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Jumper Nomination (if applicable)	\$130.00	_____
Late Fee	\$ 50.00	_____
Amount Enclosed \$ _____	Check # _____	_____
Stable With _____		

MID STATES FALL HORSE SHOW – SEPTEMBER 10-14, 2014

Entries Close August 26, 2014

PRINT
 Owner Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____
 SS/Fed ID# (No prize money issued without SS#) _____

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 Barn Name _____
 Address _____
 City/State/Zip _____
 Cell Phone _____
 Barn Phone _____

USEF/USHJA# _____ ASPCA# _____
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Color	Sex	Ht	Age	Green	EC HORSE#	RIDER	Age	CLASSES							
				1 2											

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Rider/Driver/Handler/Vaulter/Longeur (mandatory)

Signature: _____
 (Parent/Guardian if Rider/Handler is a minor)

Print Rider Name _____

Trainer (mandatory)

Signature _____

Print Name _____

Owner/Agent (mandatory)

Signature _____

Print Name _____

Rider/Driver/Handler/Vaulter/Longeur (mandatory)

Signature: _____
 (Parent/Guardian if Rider/Handler is a minor)

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

Parent/Guardian Name _____ Emergency Contact Phone Number _____

PRINT
 Rider Name _____
 Address _____
 City/ State/Zip _____
 Phone _____

USEF/USHJA# _____ ASPCA# _____

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

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	_____
Stall Fee (After Closing Date) @ 190	\$190.00	_____
Office/Facility Fee	\$ 40.00	\$ 40.00
USEF (Drug \$8-USEF \$8)	\$ 16.00	\$ 16.00
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USEF Show Pass (If Non Member)	\$ 30.00	_____
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Jumper Nomination (if applicable)	\$130.00	_____
Late Fee	\$ 50.00	_____
Amount Enclosed \$ _____	Check # _____	
Stable With _____		