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 & Med | usurement Cards |

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 | | |
| | | |
| | | |
| 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 | | | |
|---|--|------------------|------------------|--------------------------|---|-------------------------|--|-------------------|---|--|--|--|
| | | | | | | | 0 | | | | | |
| | | | | | | | | | | | | |
| Color | Sex | Ht | Age | Green | EC HORSE# | RIDER | | Age | CLASSES | | | |
| COIOI | SCA | 111 | Age | Green | EC HORSE# | RIDER | | Age | | | | |
| | | | | 1 2 | | | | | | | | |
| | | | | | | | ates Horse Shows, LLC and agree to all of it | | | | | |
| | | | | | leration Rules, the Prize List, and lo on must be brought in New York St | | etition. I agree to waiver the right to the use | e of my | PRINT Rider Name | | | |
| photos nom t | ne competition, a | 0 | • | | Assumption of Risk, Waiv | | ification | | | | | |
| | | | | | oortant legal rights, Read i | | | | Address | | | |
| | | | | | tes Horse Shows, LLC horse show | | ersonnel, volunteers and affiliated organizati | | City/State/Zip | | | |
| | | | | | | | er, agent, coach, trainer, or as parent or gual | | Phone | | | |
| | | | | | d the Competition involve inherent | dangerous risks of a | ccident, loss, and serious bodily injury includ | ling broken | | | | |
| | ijuries, trauma, p iold harmless and | | | | rom all claims for money damages | or otherwise for any | Harm of any nature to me or my horse and fo | or any Harm | USEF/USHJA#ASPCA# | | | |
| caused by me | or my horse to ot | hers, even if th | ie Harm arises | or results, direct | ly or indirectly, from the negligence | e of the Federation of | the Competition. | | Please send copies of USEF/USHJA numbers/measurements | | | |
| | | | | | Harm resulting from the negligence by) the Federation and the Compet | | r the Competition. n harmless with respect to claims for Harm t | to me or | See below for signatures | | | |
| my horse ,and | for claims made | by others for a | any Harm caus | ed by me or my l | orse while at the competition. I have | ve read the Federatio | n Rules about protective equipment, includir | ng GR801 | | | | |
| | ble, EV114, and hat no protective of the second sec | | | | tive equipment without penalty, and | d I acknowledge that | the Federation strongly encourages me to do | so while | PRINT Bider Name | | | |
| If I am a pare | nt or guardian of | a junior exhib | oitor, I consent | to the child's par | ticipation and AGREE to assume a | ll of the obligations o | f this Release on the child's behalf. | | Rider Name | | | |
| | | | | | compete in this competition. | nation on my injury | and treatment to the Federation on the offici | ALLISEE | Address | | | |
| 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. | | | | | | | City/ State/Zip | | | | | |
| 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 | | | | | | d all terms | | | | | | |
| | and Provisions of this Prize List. If I am signing and submitting the Agreement electronically, I acknowledge that my electronic signature shall | | | | ature shall | Phone | | | | | | |
| have the sa | have the same validity, force and effect as if I affixed my signat | | | ignature by my own hand. | | | | USEF/USHJA#ASPCA# | | | | |
| Rider/Driver/Handler/Vaulter/Longeur (mandatory) Trainer (mandatory) Owner/Agent (mandatory) | | | | | Please send copies of USEF/USHJA numbers/measurements See below for signatures | | | | | | | |

| | Signature | Signature | ~ | |
|---|--|---|---|--|
| Signature: (Parent/Guardian if Rider/Handler is a minor) | Print Name Print Name | | Stall Fee @175 Tack Stall @175 Stall Fee (After Closing Date) @ 190 Office/Facility Fee | \$175.00 \$190.00 \$ 40.00 \$ 40.00 |
| Print Rider Name | | | USEF (Drug \$8-USEF \$8) | \$ 16.00 <u>\$ 16.00</u> |
| Rider/Driver/Handler/Vaulter/Longeur (mandatory) | Coach (if applicable) | | USHJA Fee | <u>\$ 2.00 <u>\$ 2.00</u></u> |
| | Signature | <u>ATTENTION</u> | USEF Show Pass (If Non Member) USHJA Show Pass (If Non Member) | \$ 30.00 \$ 30.00 \$130.00 \$ 50.00 |
| Signature: | | All entries must include check for payment of Stalls, Drug Fee, Office | Jumper Nomination (if applicable) | \$130.00 |
| (Parent/Guardian if Rider/Handler is a minor) | Print Name | Fee, and Open Check for Entries | Late Fee | \$ 50.00 |
| Print Rider Name | Is Rider/Driver/Vaulter a U.S. Citizen:YesNo | | Amount Enclosed \$ | _Check # |
| | | | Stable With | |

See below for signatures

Emergency Contact Phone Number

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 HORSE NAME USEF HORSE# | | | | | 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. # RIDER Age | | | 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 | | | | | | | | |
|--|--|----|-----|--|---|---|--|---|-----------|--|---------|-------|----------|---------|--|------------|
| | 1 | 1 | 1 | T | | | | | | | | | | | | <u>] </u> |
| Color | Sex | Ht | Age | Green | EC HORSE# | 1 | RIDER | | Age | CLASSES | | | | | | ן נ |
| | | | | 1 2 | | | | | | | | | | | |] |
| They read the United States Equestrian Federation, and agree that by entering this competition. In 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. PRINT USEF Federation Release, Assumption of Risk, Waiver and Indemnification This document waives important legal rights, Read it carefully before signing Address 1 AGREE that the consideration for my participation in this Competition, Mid States Horse Shows, LLC, lores and iter consideration for my participation in this Competition with my horse, as a rider, driver, handler, valuer, longeur, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully ware and acknowledge that horse sports and the Competition or the Competition. Address AGREE to hold harmless and release the Federation and the Competition from all claims for money damages or otherwise for any horse, and in the federation and the Competition. City/State/Zip 1 AGREE to hold harmless and release the Federation and the Competition and the Competition. Address City/State/Zip 1 AGREE to kick harmless, ador graps, or costs incurred by in bereferation and the Competition. Release this to pay any losse, damages, or costs incurred by the Federation and the competition. City/State/Zip 1 AGREE to kick harmless and release the Federation strongly encourages me to do so while WARNING that no protective equipment without penalty, and I achnowledge that the Federation Rules and all terems and against all injuries. New federation and ad | | | | | | | CA# urements | | | | | | | | | |
| Rider/Driver/Handler/Vaulter/Longeur (mandatory) Trainer (mandatory) Signature: | | | | Owner/Agent (mandatory) Signature Print Name | | | 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 | | | | | | | | | |
| Print Rider | Name | | | | | | | | | Office/Facil | itv Fee | , , , | \$ 40.00 | \$ 40.0 | | |
| Signature: | er/Handler/Vaulte ardian if Rider/H | | • / | Coach (Signatu Print N | | | | <u>ATTENTION</u> All entries must include chee payment of Stalls, Drug Fee, Fee, and Open Check for Entri | Office | USEF (Drug \$8-USEF \$8) \$ 16.00 \$ 16.00 USHJA Fee \$ 2.00 \$ 2.00 USEF Show Pass (If Non Member) \$ 30.00 | | | | | | |
| Print Rider Name Is Rider/Driver/Vaulter a U.S. Citizen:YesNo | | | | | | | | Amount En | closed \$ | | Check # | | | | | |
| Parent/Guardian Name Emergency Contact Phone Number | | | | | | | | Stable With | | | | - | | | | |

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

| 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.

Entries Close May 15, 2014

| PRINT Trainer Name | | |
|---------------------------------|---------------------|--|
| Barn Name | | |
| Address | | |
| City/State/Zip | | |
| Cell Phone | | |
| Barn Phone | | |
| USEF/USHJA# | ASPCA# | |
| Please send copies of USEF/USH. | JA Membership Cards | |
| See below for signatures | | |

\$ 16.00

\$ 2.00

\$ 30.00

\$ 30.00

\$130.00

\$ 50.00

Check #

\$ 16.00

\$ 2.00

| | | | | | | - | | | |
|--|---|--|---|---|---|--|--|-----------------|---|
| HORSE NAME | | | USEF HORSE# | RIDER | Aş | ge | CLASSES | | |
| Colo | olor Sex Ht Age Green EC HORSE# RIDER Age | | | | | ge | CLASSES | | |
| all of its p the use of I AGREE I AGREE I AGREE I AGREE I AGREE I AGREE I AGREE I AGREE I AGREE I have rea and I ack If I am a I represer I AGREE BY SIC | rovisions. I understaa my photos from the c in consideration for i that "the Federation" that I choose to parti r exhibitor. I am fully ad injuries, trauma, p to hold harmless and me or my horse to ot to expressly assume <i>i</i> to indemnify (that is, and for claims made d the Federation Rule nowledge that the Fed parent or guardian of that I have the requ that I f I am injured a njury report form. | dd and agree t ompetition, ar US <u>TH</u> my participati ' and "Compe cipate volunta aware and ac ain, suffering, release the Fe hers, even if th ul risks of Han to pay any los by others for a sabout protect eration strong a junior exhib isite training, t this competi- | hat by entering d agree that an SEF Federa SEF Federa is document on in this Compu- tition" as used rily in the Con rily in the Con rise con the Harm arises m to me or my ses, damages, d the Harm arises m to me or my ses, damages, d entantices itor, I consent coaching and a tion, the medic C to be bour | g this competition ny actions agains ttion Release <u>nt waives im</u> petition, Mid Sta above includes a apetition with my it horse sports an rm"). he Competition f or results, direct / horse, including or costs incurred ded by me or my l tt, including GR8 me to do so while to the child's pan abilities to safely al personnel trea nd by all app | h. I am subject to Federation Rules, t the Federation must be brought in , Assumption of Risk, Waiv <u>bortant legal rights, Read in</u> tes Horse Shows, LLC, Horse Show II of the officials, officers, directors, horse, as a rider, driver, handler, v d the Competition involve inherent rom all claims for money damages of y or indirectly, from the negligence by) the Federation and the Compet iorse while at the competition. 01 and, if applicable, EV114, and I to WARNING that no protective equi- ticipation and AGREE to assume al compete in this competition. ting my injuries may provide inform licable Federation Rules an | the Prize List, and lo New York State. /er and Indemni t carefully befor to the following: employees, agents, p aulter, longeur, own dangerous risks of ac or otherwise for any I of the Federation or e of the Federation or ition and to hold ther understand that I am ipment can guard ag II of the obligations o nation on my injury a ad all terms and | e signing ersonnel, volunteers and affiliated organizations. er, agent, coach, trainer, or as parent or guardian ccident, loss, and serious bodily injury including broke larm of any nature to me or my horse and for any Ha the Competition. r the Competition. n harmless with respect to claims for Harm to me or entitled to wear protective equipment without penalt inst all injuries. | en irm y, | PRINT Rider Name |
| have the same validity, force and effect as if I affixed my s | | | | | | | USEF/USHJA#ASPCA# | | |
| Rider/ | Driver/Handler/Vault | er/Longeur (n | andatory) | | r (mandatory) | | Owner/Agent (mandatory) Signature | | Please send copies of USEF/USHJA numbers/measurements See below for signatures |
| | ure: t/Guardian if Rider/I Rider Name | Handler is a m | inor) | Signati Print N | ire | | Print Name | - | Stall Fee @175 Tack Stall @175 \$175.00 Stall Fee (After Closing Date) @ 190 \$190.00 Office/Facility Fee \$ 40.00 \$ 40.00 |

| Rider/Driver/Handler/Vaulter/Longeur (mandatory) (Parent/Guardian if Rider/Handler is a minor) | Coach (if applicable) Signature | <u>ATTENTION</u> All entries must include check for |
|---|--|---|
| Signature: | Print Name | payment of Stalls, Drug Fee, Office Fee, and Open Check for Entries. |
| Print Rider Name | Is Rider/Driver/Vaulter a U.S. Citizen:YesNo | |

Emergency Contact Phone Number

Stable With

USHJA Fee

Late Fee

USEF (Drug \$8-USEF \$8)

USEF Show Pass (If Non Member)

USHJA Show Pass (If Non Member)

Jumper Nomination (if applicable)

Amount Enclosed \$

| Parent/Guardian | Nam |
|-----------------|-----|
|-----------------|-----|

MID STATES FALL HORSE SHOW - SEPTEMBER 10-14, 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.

Entries Close August 26, 2014

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

ASPCA#

ASPCA#

PRINT

Address

Phone

Rider Name

City/ State/Zin

USEF/USHJA#

Rider Name

USEF/USHJA#

Address

Phone

See below for signatures

Please send copies of USEF/USHJA numbers/measurements

Please send copies of USEF/USHJA numbers/measurements

City/ State/Zip

| HORSE NAME | | | | | USEF HORSE# | RIDER | | Age | CLASSES | | | | | | |
|------------|-----|----|-----|-------|-------------|-------|-----|-----|---------|--|--|--|--|--|---|
| | | | | | | MDER | | nge | | | | | | | |
| | | | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | | | |
| Color | Sex | Ht | Age | Green | EC HORSE# | RIDER | Age | | CLASSES | | | | | | |
| | | - | 8. | | | | 8 | | | | | | | | |
| | | | | 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 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, 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

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.

| | | | See below for signatures | | | |
|---|--|---|---|---|--|--|
| Rider/Driver/Handler/Vaulter/Longeur (mandatory) | Trainer (mandatory) | Owner/Agent (mandatory) | | | | |
| Signature: | Signature | Signature | Stall Fee @175 Tack Stall @175 \$175.00 | | | |
| (Parent/Guardian if Rider/Handler is a minor) Print Rider Name | Print Name | Print Name | Stall Fee (After Closing Date) @ 190 Office/Facility Fee USEF (Drug \$8-USEF \$8) | \$190.00 \$40.00 <u>\$40.00</u> \$16.00 \$16.00 | | |
| | | | USHJA Fee | \$ 2.00 \$ 2.00 | | |
| Rider/Driver/Handler/Vaulter/Longeur (mandatory) | Coach (if applicable) | ATTENTION | USEF Show Pass (If Non Member) USHJA Show Pass (If Non Member) | \$ 30.00 | | |
| | Signature | All entries must include check for payment of Stalls, Drug Fee, Office | Jumper Nomination (if applicable) | \$130.00 | | |
| Signature: (Parent/Guardian if Rider/Handler is a minor) | Print Name | Fee, and Open Check for Entries. | Late Fee | \$ 50.00 | | |
| | | | Amount Enclosed \$ | _Check # | | |
| Print Rider Name | Is Rider/Driver/Vaulter a U.S. Citizen:YesNo | | | | | |
| | | | Stable With | | | |
| Parent/Guardian Name | Emergency Contact Phone N | | | | | |