

Horse Details						
Horse- Show Name		Sex	Age	Ht	Stable with/Barn Associated with	
Horse-Barn Name (If Applicable)						
USEF		Color		Estimated Arrival Date and Time		
Prize Recipient		Classes			Credit Card	
Name		Rider 1:			Name on Card	
Address					Number/Type	
Phone number		Rider 2:			Expires	CSC
Tax ID					Zip	
					Signature	

Makes Checks Payable to Mid States or give Credit Card details

Mail to: PO BOX 549, Elkhorn, NE 68022

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of _____ Fall _____ Competition). I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any USEF Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim.

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.

_____	All other Barn Stall Fee	\$180.00	_____
_____	Other Barn Stall After Closing	\$195.00	_____
_____	Lester Barn Stall Fee	\$195.00	_____
_____	Lester Barn after closing	\$210.00	_____
_____	Stall Fee -1 Day/Nt	\$90.00	_____
_____	Stall Fee, Day (if available)	\$50.00	_____
_____	Jump Out/Day	\$35.00	_____
_____	Drug, USEF (\$15/\$18)	\$23.00	\$23.00
_____	USHJA Fee National	\$7.00	\$7.00
_____	USHJA Outreach Only	\$2.00	_____
_____	USEF show pass fee	\$45.00	_____
_____	USHJA show pass fee	\$30.00	_____
_____	Office Fee	\$45.00	\$45.00
_____	Medic Fee/Schooling Fee	\$45.00	\$45.00
_____	Late Entry Fee	\$50.00	_____
_____	Non-Showing Stall Fee	\$270.00	_____
_____	Jumper Nom. Fee	\$115.00	_____
_____	Camper Fee	\$245.00	_____
_____	Credit Card Charge	3%	_____

Please include stall and office fees with deposit

OWNER (Name, Address, Phone)			TRAINER (Name, Address, Phone)			RIDER 1 (Name, Address, Phone)			TOTAL ENCLOSED		
Name:			Name:			Name:			Name:		
Address:			Address:			Address:			Address:		
USEF	ASPCA		USEF	ASPCA		USEF	ASPCA		USEF	ASPCA	
DOB	Age	Status	DOB	Age	Status	DOB	Age	Status	DOB	Age	Status
Owner Signature			Trainer Signature			Rider 1 Signature			Rider 2 Signature		
Emergency Contact			Emergency Contact			Emergency Contact			Emergency Contact		