

# The Western PA PHA Horse Show

# July 31—August 2, 2009

Name of Horse	USEF#	USHJA#	Sex	Color	Age	Height	Pony Size (circle) Sm / Med / Lg	Green Year (circle) 1 2	Measurement Card
Rider #1 Name	Class Numbers:								
Rider #2 Name	Class Numbers:								

### Federation Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, 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.

### **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 [Western PA PHA Horse Show] to the following: I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longer, 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"). I AGREE to 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 caused by me or my horse to others, even if the Harm resulted, 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 at the Competition. I have read the Federation Rules about protective equipment, including GR801 and 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 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 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 accident/injury report form. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

**BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.**

Owner USEF # _____ Owner: _____ Street Address: _____ City/State/Zip: _____ SS#/TIN#: _____ Phone#/Fax: _____ Signature: _____	Trainer USEF # _____ Trainer: _____ Street Address: _____ City/State/Zip: _____ SS#/TIN#: _____ Phone#/Fax: _____ Trainer Signature: _____ Coach Signature: _____	<b>EMERGENCY CONTACT INFORMATION</b>	
		Name: _____	
		Phone #: _____	
		<b>Total Entry Fee</b>	
		#	Reserve Stalls: \$110.00 (show) / \$50.00 (day) Add \$20.00 after Closing Date
			Grounds Fee \$15.00
			Ambulance Fee \$15.00
			Haul-in Fee \$20.00
			USEF Fee \$8.00    Drugs and Medications Fee \$7.00
			\$15.00
			USEF non-member fee: \$30.00    USHJA non-member fee: \$30.00
			Non-Showing Horses \$50.00
			Shavings \$8.00 /bag
			Amount Enclosed
			Balance Due
		Arrival Day:	Departure Day:
		Stable with:	
		All Entry & Stall Fees must accompany Entry Blanks. Checks should be made payable to <b>Horse on Course</b> . Mail entries to: <b>Dyann Herrmann, 120 Spring Valley Road, Valencia, PA 16059</b>	
Rider #1: _____ DOB: _____ USEF#: _____ USET# _____ ASPCA# : _____ Street Address: _____ City/State/Zip: _____ SS#/TIN#: _____ Phone#/Fax: _____ Rider/Agent Signature: _____ Parent/Guardian must sign above if rider under 18.	Rider #2: _____ DOB: _____ USEF#: _____ USET# _____ ASPCA# : _____ Street Address: _____ City/State/Zip: _____ SS#/TIN#: _____ Phone#/Fax: _____ Rider/Agent Signature: _____ Parent/Guardian must sign above if rider under 18.		