LT RIVER FARM	HUKSE SHUW	D ""			DATE:			Exhibitor #			
me of Horse		Recording #	Color	Se	ex   He	ight	Yr. Foaled	Green Year (1,	2)   Si	ize (S/M/L	
Rider Name	1	DOB	USEF#	ASPCA #	USET 7	#	Classe	es		<u> </u>	
agents, I agree that I and ion of the Hearing Corole to enter and/or part ographs, videos, audio esses shall not be used bensation, invasion of York State. SeeGR908 REE in consideration GREE that "the Federation affiliates. GREE that I choose to		Rules of U.S.E.F,Inc. (the ing under the Rules, and every horse I am entering the film, new media or off they may not be used in start or misappropriation. The dederation Release, Assume Competition Salt Rive on" as used herein include Competition with m	e "Federation") and tagree to release and g is eligible as entere her likenesses of me uch a way as to jeopa e construction and aparticular of Risk, War Farm to the followates the Licensee by horse, as a rider, or	he local rules Salt ri- hold harmless the co d. I also agree that a and my horse taken our dize amateur status oplication of Federati aiver and Indemnif ving: and Competition I driver, handler, vau	ent, Coach, Driver, R wer farm. I agree to b ompetition, the Feders a condition of and i during the course of a I hereby expressly a ion Rules are govern- ication: <i>This docur</i> Management, as weller, longeur, lessee	e bound be attion, their consider the comperent dirrevoked by the left as all as all as owner, a	y the Bylaws and Rules r officials, directors and ration of acceptance of e tition for the promotion, cably waive and release laws of the State of New es important legal right of their officials, officials, coach, trainer, o	of the Federation and of the employees for any action to entry, the Federation and/or coverage or benefit of the any rights in connection with York, and any action institus. Read it carefully before steers, directors, employeem as parent or guardian of	e competition. I waken under the Ruthe competition recompetition, sporth such use, included against the Esigning.  s, agents, persoal junior exhibitor	vill accept as fules. I represent as fules. I represent as fules or asset, or the Federation gany clair Federation mutonnel, volunt or. I am fully	
EE to expressly ass EE to indemnify (the arm caused by me conent without penalt that all injuries. If I are sent that I have the and treatment to the IGNING BELOW	results resulted, directly ume all risks of Harm to mat is, to pay any losses, dar my horse while at the Coy, and I acknowledge that to a parent or guardian of a requisite training, coaching a Federation on the official AGREE to be bound by dge that my electronic sign	ne or my horse, including amages, or costs incurred the Federation strongly junior exhibitor, I consign and abilities to safely I USEF accident/injury all applicable Federationature shall have the same	ng Harm resulting for by) the Federation the Federation Rule encourages me to detent to the child's paracompete in this correport form.	rom the negligence n and the Competit es about protective lo so while WARN articipation and AG mpetition. I AGREE rms and provisions	of the Federation of ion and to hold ther equipment, including ING that no protect REE to all of the all that if I am injured of this entry blank and my signature by	n harmles ag GR801 ive equip- ove prove at this co- and all ter my own	ss with respect to claim l and <b>if applicable</b> , EV ment can guard isions and AGREE to impetition, the medica rms and provisions of thand.	7114, and I understand that assume all of the obligation I personnel treating my in this prize list. If I am sign	nt I am entitled to ons of this Relea juries may provi	o wear protect ase on the childide information ing this Agree	
ture (mandatory):	Owner/2	Agent	Signa	uture (mandatory):	Trainer/Co	ach (man	datory if applicable)	Signature:			
der/Driver/Vaulter a U. nt/Guardian Signature:	s. Citizen: Yes/ No (Required if Rider/Driver/Ha	ndler/Vaulter/Longeur is	a minor)				Emergency Conto	act Phone #			
	(Print) Name	(Prin	nt) Street Addres	ss, City, State, Z	ip	USE	F#	Phone #	E-Mail		
Owner											
Trainer											
Rider											
						-					
Parent/Guardian											
Taxpayer Information (for Prize Money)  Name:  Address:				SALT RIVI 86 Lake Ave Center Mor	CHECKS PAYABLE TO: SALT RIVER FARM 86 Lake Avenue Center Moriches, NY 11934			Fees Schooling@\$20 Entry Fees: Post Entry Fee @ \$5/Class: Office Fee @ \$25/entry: USEF Federation Fee @ \$16:\$16			
			-		78-9319 rialena1968@yah		USHJA USEF	& Medications@ \$8) (F A Show Pass Fee: @ \$30 Show Pass Fee: @ \$30	)	<u> </u>	
JSEF #: E	ntries to be mailed ,faxed	l or e-mailed to Salt I	River Farm	Kequest/Sul	bmit entry via e-m	<b>411</b>		ees: Overnight @175 A Zone Support @\$2_ Total Fe	Daily @	<b>→/</b> 5	