

**FAIRFIELD COUNTY HUNT CLUB**

**DATE:**

Name of Horse	USEF / ID #	Color	Sex	Height	Age	Green Year	Circle Size
						1 <sup>st</sup> 2 <sup>nd</sup>	Sm Med Lg

Rider	Age	USEF #	ASPCA #	Classes
#1				
	NEHC#	CHJA#		

Rider	Age	USEF #	ASPCA #	Classes
#2				

**US EQUESTRIAN FEDERATION ENTRY AGREEMENT**

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 [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, cablecasts, 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.

**BY SIGNING BELOW, I AGREE** that I have read, understand, and agree to be bound by all applicable Federation Bylaws, rules, and policies including the USEF Safe Sport Policy and Minor Athlete Abuse Prevention Policies (MAAPP) as published at www.usef.org, as amended from time to time, as well as 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.

**Rider/Driver/Handler (mandatory)**  
**Signature** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_

**Owner/Agent (mandatory)**  
**Signature** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_

**Trainer (mandatory)**  
**Signature** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_

**Coach (if applicable)**  
**Signature** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_

**Parent/Guardian Signature (Required if rider/driver/handler is a minor)** \_\_\_\_\_

**Print Parent/Guardian Name:** \_\_\_\_\_ **EMERGENCY CONTACT PHONE NUMBER** \_\_\_\_\_  
**Is Rider/Driver/Vaultor a U.S. Citizen:** \_\_\_\_\_ **yes** \_\_\_\_\_ **no** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

Owner	Rider #1	Trainer	Total Fees:
Name _____ Address _____ Phone # _____ USEF# _____	Name _____ Address _____ Phone #/Email _____ USEF# _____	Name _____ Address _____ Phone # /Email _____ USEF# _____	Federation Fee @ \$8 Drugs & Medication Fee @ \$15 \$23.00 USEF Show Pass Fee @ \$45 _____ USHJA Show Pass Fee @ \$30 _____ USHJA Zone Support Fee @ \$2 \$2.00 Office Fee @ \$40 \$40.00
Taxpayer Information (for Prize Money)	Rider #2	<b>CHECKS PAYABLE TO:</b> <b>FAIRFIELD COUNTY HUNT CLUB</b> 174 Long Lots Road Westport, CT 06880 tel: 203-856-9807 fax: 1203-222-0847	
Name _____ Address _____ Phone # _____ SS # _____	Name _____ Address _____ USEF # _____ SignatureX _____		