FAIRFIELD COUNTY HUNT CLUB DATE:

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

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

Rider	Age	USEF #	ASPCA #	Classes							
#2											

USEF Entry Agreement

Federation Release, Assumption of Risk, Waiver and Indemnification This document waives important legal rights. Read it carefully before signing.

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, the 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.

I AGREE in consideration for my participation in this Competition – FAIRFIELD COUNTY HUNT CLUB & NEHC horse shows to the following:

I Agree that "the Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, property owners agents, personnel, volunteers and Federation affiliates.I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, 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 hold harmless and 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 of any nature caused by me or my horse to others, even if the Harm arises or results 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, lot 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 all of the obligation of this Release on the child's behalf.I AGREE that "the Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, property owners, agents, personnel, volunteers and affiliated organizations.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 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. BOD 1/23/11 Effective 12/1/11

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/Vaulter a U.S. Citizen: _____**yes** _____**no** **EMAIL ADDRESS** _____

Owner

Name_____
Address_____
_____
Phone #_____
USEF#

Taxpayer Information (for Prize Money)

Name_____
Address_____
_____
Phone #_____

Rider #1

Name_____
Address_____
_____
Phone #/Email_____
USEF#

Rider #2

Name_____
Address_____
_____
USEF #_____

Trainer

Name_____
Address_____
_____
Phone # /Email_____
USEF#

CHECKS PAYABLE TO:

FAIRFIELD COUNTY HUNT CLUB
174 Long Lots Road
Westport, CT 06880
tel: 203-856-9807
fax: 1-203-222-0847

Total Fees:

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
_____