

Entry #

# Texas Fall Classic

# Make Checks Payable to: Blue Ribbon Horse Shows

October 27-29, 2017 - ENTRY Deadline October 13th, 2017

**Mail Entries to:** Blue Ribbon Horse Shows LLC  
3307 Old Barn Ct., Granbury, TX 76048 • Email: david.morse@sbcglobal.net

NAME OF HORSE	USEF/USHJA #	BREED	COLOR	SEX	HEIGHT	AGE
NAME OF RIDER	AGE	SECTIONS/CLASSES ENTERED	USEF/USHJA #	ASPCA #		
1st Rider	U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no					
2nd Rider	U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no					

**CREDIT CARD INFORMATION**  
**MUST HAVE CREDIT CARD PRESENT AT CHECK OUT**

Visa,  MasterCard

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVV Code: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for Blue Ribbon Festival I, 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.

#### 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 Blue Ribbon Summer Festival I and/or II, to the following:

I **AGREE** that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I **AGREE** that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, 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, 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 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 against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and **AGREE** to all of the above provisions and **AGREE** to assume all of the obligations of this Release on the child's behalf. 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.

Owner/Agent	Trainer	Rider 1	Coach (if applicable) or Rider 2
Signature _____	Signature _____	Signature _____	Signature _____
Print Name _____	Print Name _____	Print Name _____	Print Name _____
Address _____	Address _____	Address _____	Address _____
City, State, Zip _____	City, State, Zip _____	City, State, Zip _____	City, State, Zip _____
Phone (_____) _____	Phone (_____) _____	Phone (_____) _____	Phone (_____) _____
USEF # _____	USEF # _____	USEF # _____	USEF # _____
Email Address: _____	Email Address: _____	Email Address: _____	Email Address: _____

# _____ Stalls @ \$150	
Nominating Fee \$150	
USEF Non-Member Show Pass \$30	
USHJA Non-Member Show Pass \$30	
USEF Fee (Drug \$8/USEF \$8) USHJA Zone Fee (\$7)	\$23
OFFICE FEE \$60	\$60
LATE FEE \$50	
NON-SHOWING FEE \$50	
GROUNDS FEE \$55	
<b>TOTAL</b>	

**STABLE WITH:** \_\_\_\_\_

**In Case of Emergency during the show contact #** \_\_\_\_\_

### PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!

\_\_\_\_\_  
 Taxpayer Name (must coincide with SS# or EIN#)

\_\_\_\_\_  
 Social Security # or Federal ID #

Prize Money Payee Address

\_\_\_\_\_

Office Use Only