

WITS END FARM  
 371 JACKSON MILLS RD.  
 JACKSON, NJ 08527  
 732-928-1480

ENTRIES VALID ONLY IF ACCOMPANIED BY  
 FULL PAYMENT OF ENTRY AND DRUG FEES  
 ALL MEASUREMENT/AMATEUR/FEDERATION CARDS  
 MUST BE PRESENTED IN ORDER FOR ENTRY TO **BE PROCESSED**

Date: \_\_\_\_\_

Name of Horse						Horse USEF Number	Age	Color	Height	Sex	Horse/Pony Sm/Med/Lg	Entry Fee
Classes Entered						Name of Rider	Age	Rider USEF	Rider ASPCA #	Rider USET #		

Entries not signed will not be accepted.

Signatures required in all places (at X) below.

Signatures indicate that each of us has read and understands all the information on this entry form.

By entering a Federation-recognized Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulteur of 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 the 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, 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 GR1502.5.

**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 to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulteur, 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 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 GR318 and GR1713, 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 AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, 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.

Senior fee @ \$25  
 Junior fee @ \$20

USEF fee @ \$12  
 (\$7 drug & \$5 USEF)

Breed/Discipline fee  
 @ \$5 (Juniors exempt)

Affidavit  
 fee @ \$5

Day Stabling  
 fee @ \$10

Schooling  
 fee @ \$5

Number Deposit  
 fee @ \$2

**TOTAL FEES**

check / cash

Coach's Signature \_\_\_\_\_

(if applicable)

Coach's Name (please print) \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

Parent/Guardian Signature (required if rider is a minor) \_\_\_\_\_ Print Parent/Guardian Name \_\_\_\_\_

**OWNER/AGENT**

(mandatory)  
 Signature (X) \_\_\_\_\_  
 Name (Print) \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone #(\_\_\_\_\_) \_\_\_\_\_  
 Owner's USEF # \_\_\_\_\_

**TRAINER**

(mandatory)  
 Signature (X) \_\_\_\_\_  
 Name (Print) \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone #(\_\_\_\_\_) \_\_\_\_\_  
 Trainer's USEF # \_\_\_\_\_

**RIDER #1**

(mandatory)  
 Signature (X) \_\_\_\_\_  
 Name (Print) \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone #(\_\_\_\_\_) \_\_\_\_\_  
 Rider's USEF # \_\_\_\_\_

**RIDER #2**

Signature (X) \_\_\_\_\_  
 Name (Print) \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone #(\_\_\_\_\_) \_\_\_\_\_  
 Rider 2's USEF # \_\_\_\_\_