Barn Name

Fieldstone Summer showcase - August24-28 2010 (AA)

Pre-closing date Monday August 9, 2010

Horse's Name	USEF/USHJA#	Color	Sex	Height	Age	sm.	med	lg	1st yr.	2nd yr.	Measure #	Stabling With
						☐	☐	☐	☐	☐		

OWNER

This document waives important legal rights / BY SIGNING BELOW, I AGREE to be bound by all applicable Rules and all terms and provisions of this entry blank. **This document waives important legal rights**

Print Name _____ USEF # _____
E-mail _____ ASPCA # _____
Address _____ NEHC # _____
City/State/Zip _____ MHC # _____
Telephone _____ Age _____
Parent Signature if a Minor _____ DOB _____
Print parent Name _____
Parent Emergency contact # _____

RIDER ONE

Print Name _____ USEF # _____
E-mail _____ ASPCA # _____
Address _____ NEHC # _____
City/State/Zip _____ MHC # _____
Telephone _____ Age _____
Parent Signature if a Minor _____ DOB _____
Parent Emergency contact # _____
Print parent Name _____

TRAIN-

Print Name _____ USEF # _____
Email _____
Address _____
City/State/Zip _____
Telephone _____
Emergency contact # _____

RIDER TWO

Print Name _____ USEF # _____
E-mail _____ ASPCA # _____
Address _____ NEHC # _____
City/State/Zip _____ MHC # _____
Telephone _____ Age _____
Parent Signature if a Minor _____ DOB _____
Print parent Name _____
Parent Emergency contact # _____

RIDER ONE CLASSES

RIDER TWO CLASSES

Mail Entries: Charlene Brown 22 SouthMayd St. Newport, RI 02840
Must Include Check Payable to: Fieldstone Equestrian
Fax to : 401-848-2985
Copy of Check must accompany faxed entries
www.Showfieldstone.com for more Info.

ASSOCIATION FEES

$8 USEF Drug Fee $7		
USEF Federation fee	$15.00	
USHJA Zone Fee	$2.00	
USEF non member	$30.00	
USHJA non member	$30.00	
NEHC, MHC, SEHA, USEF, Affiliation Fees: $5.00		

HORSE SHOW FEES

Rider One Office Fee	$25.00	
Rider One Entries Fees		
Rider Two Entries Fees		
Rider Two Office Fee	$25.00	
Post Entry Fee	$35.00	
Scratch Fee	$35.00	
Stalls	$200.00	
Jumper Nomination Fee	$175.00	
Late Nomination Fee's	$ 25.00	
Non Showing Ground's Fee		
Miso./Other		
VIP Table Limited first come first serve / 8 seats	$300	
VIP Seat Limited first come first serve	$50 ea x	=
Thursday's Steak & Rib Barbecue	$20.00 x	=
Saturday Lobster Bake	$25.00 x	=

_____ Lobster# or Steak#

OFFICE USE ONLY CHECK OUT

Prepaid Received: Check # _____
Final Payment Rider 1 Check # _____
Final Payment Rider 2 Check # _____
Total Payment Received for this entry no. _____
Notes
Secretary's initials _____

Federation Entry Agreement

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, 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. 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, 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 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 GR801 and 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 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 the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. 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. I represent that I have the requisite training, coaching and abilities to safely compete in this competition. BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

(mandatory) Owner/Agent (mandatory) Trainer (mandatory) Coach
Signature:_____ Signature:_____ Signature:_____ Signature:_____
Print Name:_____ Print Name:_____ Print Name:_____ Print Name:_____
Parent/Guardian Signature: (Required if Rider is a minor)_____ Is Rider a U.S. Citizen: _____Yes _____ No
Print Parent/Guardian Name:_____ Emergency Contact Phone No._____

There will be $75.00 service charge for any checks returned, and will be charged $50.00 per month billing until paid.