

**ENTRIES CLOSE: APRIL 20, 2022**

**HMI EQUESTRIAN CHALLENGE**

**MAY 18 - 22, 2022**

OWNER OR AUTHORIZED AGENT			RIDER 1			TRAINER		
Owner Name			Rider Name			Trainer Name		
Address			Address			Address		
City	State	ZIP	City	State	ZIP	City	State	ZIP
Social Security # or TIN #			Phone			E-Mail		
Phone			E-Mail			Barn Phone		Cell Phone
USEF# USHJA#	PCHA #	NorCal #	USEF# USHJA#	PCHA #	Date of Birth	USEF# USHJA#	PCHA #	NorCal #

Prize money paid to if other than owner			RIDER 2			CREDIT CARD PAYMENT		
Name of Corporation			Rider Name			<b>Download credit card form at <a href="http://headlandsmanagement.com">headlandsmanagement.com</a></b>		
Address			Address					
City	State	ZIP	City	State	ZIP	RIDER 2		Date of Birth
Social Security # or TIN #			Phone			E-Mail		NorCal #
			USEF# USHJA#	PCHA #		CPHA #	ASPCA #	

NAME OF HORSE	AGE	COLOR	SEX	HEIGHT	RIDER	CLASSES				
Microchip #	Please circle below if applicable									
USEF# USHJA#	Measurement #		Sm	Md	Lg					

**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 HMI Equestrian Challenge. 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, cable - casts, 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](http://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.

- ASSOCIATION FEES**  
 USEF Drug Fee @ \$15  
 USEF Fee @ \$8  
 USHJA Fee @ \$7  
 CDFA Fee @ \$8
- SHOW PASS FEES**  
 USEF PASS Fee @ \$45  
 USHJA PASS Fee @ \$30
- MISC FEES**  
 Ambulance Fee @ \$30  
 Late Fee @ \$50  
 Trailer In Fee @ \$50 (per horse per day)  
 Non Showing Fee @ \$125
- OFFICE FEES**  
 Horse @ \$125  
 Horse Stall @ \$325  
 Tack/Groom @ \$325

OWNER/AGENT	RIDER/HANDLER	TRAINER
<b>SIGNATURE:</b>	<b>SIGNATURE:</b>	<b>SIGNATURE:</b>
Print Name: (Required if Rider/Handler is a minor)	Is Rider/Handler is U.S. Citizen (please circle): YES NO Print Name:	Print Name:
<b>PARENT/GUARDIAN SIG.:</b>	<b>SIGNATURE:</b>	<b>COACH SIGNATURE:</b>
Print Name:	Is Rider/Handler is U.S. Citizen (please circle): YES NO Print Name:	Print Name Emerg. Contact Phone #:

**CHECKS PAYABLE TO: HMI MAIL TO: 1 IVY ST \* MONTEREY, CA 93940 INFO: 831-594-1719**      **STABLE WITH:** \_\_\_\_\_

**MANDATORY**

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