

ENTRIES CLOSE: APRIL 17, 2018

SHP SPRING CLASSIC

MAY 9 - 13, 2018

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			USEF#		USEF#
E-Mail			USEF#		USEF#	PCHA #		PCHA #
PCHA #			NCHJA #		NCHJA #	ASPCA #		ASPCA #
NCHJA #			CPHA #		CPHA #	NCHJA #		NCHJA #

Prize money paid to if other than owner			RIDER 2			CREDIT CARD PAYMENT		
Name of Corporation			Rider Name			Download credit card form at headlandsmanagement.com		
Address			Address					
City	State	ZIP	City	State	ZIP	USEF#	PCHA #	Date of Birth
Social Security # or TIN #			Phone			E-Mail		
USEF#			CPHA #		CPHA #	NCHJA #		ASPCA #
JSHJA#			NCHJA #		NCHJA #	ASPCA #		ASPCA #

NAME OF HORSE	AGE	COLOR	SEX	HEIGHT	RIDER	CLASSES		
Please circle below if applicable								
USEF#	Measurement #	1st Yr	2nd Yr	Sm	Md	Lg		
JSHJA#								

Federation Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR 906.4) as printed in the Prize List for "SHP Spring Classic" 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.

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 "the Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, 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, 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.

- ASSOCIATION FEES**
 USEF Drug Fee @ \$15
 USEF Fee @ \$8
 USHJA Fee @ \$7
 CDFA Fee @ \$5
 PCHA Fee @ \$3
- 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 @ \$100
- NOMINATING FEES**
 Horse @ \$100
 Horse Stall @ \$300
 Tack/Groom @ \$300
- 10 x 12 Stalls
 Horse Stall @ \$350
 Tack/Groom @ \$350

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

<p>CHECKS PAYABLE TO: HMI PLEASE DO NOT MAIL ENTRY USING CERTIFIED MAIL MAIL TO: HMI * 1 IVY ST * MONTEREY, CA 93940 INFO: 831-594-1719 NO FAXED OR EMAILED ENTRIES **SEND COPIES OF MEMBERSHIP CARDS/MEASUREMENT CARDS WITH ENTRIES**</p>	<p>STABLE WITH: _____ ENTER ONLINE @ SHOWGROUNDSLIVE.COM/HEADLANDS PAYMENT # _____ TOTAL ENCLOSED \$ _____</p>
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