

# OUTREACH ENTRY FORM



**The Smoke Rise Riding Club**  
1 Talbot Drive, Kinnelon  
New Jersey 07405  
**FAX 973-331-0758**

#	Name of Horse	USEF#	Color	Sex	Height	Age	Green Year	Horse/Pony
							1st 2nd	Sm Md Lg
	Name of Rider	Age	USEF#	ASPCA#		Classes		
	Name of Rider	Age	USEF#	ASPCA#				
OWNER OR AUTHORIZED AGENT		RIDER ONE			TRAINER			
Owner _____		Rider _____			Trainer _____			
Address _____		Address _____			Address _____			
_____		_____			_____			
Phone _____ USEF# _____		Phone _____ USEF# _____			Phone _____ USEF# _____			

### 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 this Competition 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 this Competition 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.

#### RIDER/DRIVER/HANDLER/

#### OWNER/AGENT

#### TRAINER

#### COACH

Vaulter/Longeur (mandatory)

(mandatory)

(mandatory)

(if applicable)

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

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

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

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

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor) \_\_\_\_\_

Print Parent//Guardian Name: \_\_\_\_\_ Emergency Contact Phone No. \_\_\_\_\_

Is Rider/Driver/Vaulter a U.S. Citizen: \_\_\_\_\_Yes \_\_\_\_\_No

### Entry Fees

USHJA \$2 \_\_\_\_\_

Schooling Fee \$10 \_\_\_\_\_

Office Fee \$15 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Fees** \_\_\_\_\_

Pay Pal \_\_\_\_\_ Check \_\_\_\_\_

### Credit Card Payment

Mastercard \_\_\_\_\_ Visa \_\_\_\_\_

Discover \_\_\_\_\_ Amex \_\_\_\_\_

Account # \_\_\_\_\_

\_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV# \_\_\_\_\_

Name on Card \_\_\_\_\_

\_\_\_\_\_