

**Make checks payable to:**

**Chagrin Valley Farms, P.O. Box 714, Chagrin Falls, OH 44022**

|              |                |
|--------------|----------------|
| Arrival Date | Departure Date |
|--------------|----------------|

|     |
|-----|
| No. |
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|  |                    |                    |                   |                  |                      |                   |                   |                      |                   |                       |                       |                   |               |
|--|--------------------|--------------------|-------------------|------------------|----------------------|-------------------|-------------------|----------------------|-------------------|-----------------------|-----------------------|-------------------|---------------|
| Horse's Name   |                    | Horse's USEF #     |                   | Color            |                      | Height            |                   | Measurement Card     |                   | A-O Age               |                       |                   |               |
| <b>USE RIDER NUMBER (#1 or #2) TO INDICATE Section and Rider</b> | Low Working Hunter | Baby Green Hunter  | Very Green Hunter | Suitable Hunter  | Junior Hunter 33"    | Amateur Owner 33" | Amateur Owner 36" | Adult Amateur Hunter | Low Adult Hunter  | Childrens Pony Hunter | Children-Adult Jumper | Junior-A/O Jumper | Modif. Jumper |
|  | Green Hunter 3'    | Green Hunter 3' 3" | Green Hunter      | Childrens Hunter | Low Childrens Hunter | Non Pro           | Adult Rider       | Low Inter            | Performance 3' 3" | Childrens Pony Hunter | Children-Adult Jumper | Junior-A/O Jumper | Modif. Jumper |
|  | 1                  | 2                  |                   |                  |                      |                   |                   |                      |                   |                       |                       |                   |               |

|         |          |  |                |             |               |          |                            |                        |                       |                   |               |
|---------|----------|--|----------------|-------------|---------------|----------|----------------------------|------------------------|-----------------------|-------------------|---------------|
| Classes | Sections | Write in Class Numbers and rider number for Individual Classes | Beginner Rider | Limit Rider | Short Stirrup | Training | Schooling Int Child Jumper | Low Child/Adult Jumper | Children-Adult Jumper | Junior-A/O Jumper | Modif. Jumper |
|---------|----------|--|----------------|-------------|---------------|----------|----------------------------|------------------------|-----------------------|-------------------|---------------|

**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, 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 understand that I am entitled to wear protective equipment without penalty, and 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.

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| <b>TOTAL ENTRY FEE</b>                     |  |
| Trainer USEF# _____                        | Trainer _____                              |
| Trainer _____                              | Street Address _____                       |
| Street Address _____                       | City/State/ZIP _____                       |
| City/State/ZIP _____                       | Phone # / Fax# _____                       |
| Phone # / Fax# _____                       | Trainer Signature _____                    |
| Trainer Signature _____                    | Coach USEF# _____                          |
| Coach _____                                | Coach Signature _____                      |
| Coach Signature _____                      | Rider #1 _____                             |
| Rider #1 _____                             | DOB _____                                  |
| DOB _____                                  | USEF# _____                                |
| USEF# _____                                | ASPCA# _____                               |
| ASPCA# _____                               | Street Address _____                       |
| Street Address _____                       | City/State/ZIP _____                       |
| City/State/ZIP _____                       | Rider/Agent Signature _____                |
| Rider/Agent Signature _____                | Parent Signature (for junior riders) _____ |
| Parent Signature (for junior riders) _____ | Emergency Contact Phone No. _____          |
| Emergency Contact Phone No. _____          | Emergency Contact Phone No. _____          |

|  |                               |
|--|-------------------------------|
| <b>TOTAL ENTRY FEE</b>   |                               |
| STALLS: PREPAID: \$100.00                                      | WEEKEND AT SHOW: \$120.00     |
| OVERNIGHT: \$50.00; DAY: \$25.00                               | TACK STALL \$100.00           |
| NON-SHOWING HORSE \$50.00                                      | SHOW PASS FEE (please circle) |
| USHJA: \$30.00   | USEF: \$45.00                 |
| USEF DRUG TESTING FEE PER HORSE (D & M: \$15.00; USEF: \$8.00) | NOMINATING FEE: \$75.00       |
| USHJA Zone Support Fee   | GROUND FEE                    |
| TRAILER IN FEE \$20.00 PER DAY                                 | OFFICE FEE                    |
| RCVD. CHK. #   | CHK. #                        |
| Total Amount Due   | Amount Enclosed               |
| Balance Due  |                               |