

CAPE COD HUNTER HORSE SHOW

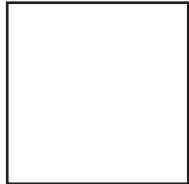
Entries Close 5PM Friday Prior to Show

Date: _____

Circle Show Date You Will Be Attending

March 27 April 3 April 24
 May 8 June 16 August 14
 August 21 September 4

Send entries to: Pat Larsen
 1 Russet Road
 Middletown, RI 02842
 Phone: 401-847-5459
 Fax: 401-846-4273



One Entry per Horse

Name of Horse	USEF#	Color	Sex	Height	Age	Pony/Jr. Hunter	Measurement Card #	Trainer or Barn Name

Rider #1 Name:	DOB:	USEF#	MHC#	CLASSES ENTERED	Class#							
Address:	Tel:	ASPCA#	NEHC#		Entry Fees							
Rider #2 Name:	DOB:	USEF#	MHC#		Class#							
Address:	Tel:	ASPCA#	NEHC#		Entry Fees							

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, Cape Cod Hunter Horse Shows, NEHC, 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.

Rider 1 Parent/Guardian (Mandatory) Signature:	Rider 2 Parent/Guardian (Mandatory) Signature:	Trainer (Mandatory) Signature:
Print Name:	Print Name:	Print Name:
Owner/Agent (Mandatory) Signature:	Owner/Agent (Mandatory) Signature:	Trainer Address:
Print Name:	Print Name:	USEF #: Telephone #:
Owner Address:	Owner Address:	Coach (if applicable) Signature:
USEF #: Telephone #:	USEF #: Telephone #:	Coach Address:

There will be a \$50 service charge for any checks returned unpaid. All competitors must present their current USEF and NEHC membership cards or a copy thereof before a number can be given by the secretary.

Entry Fees- Rider 1	
Entry Fees- Rider 2	
Warm Ups @ \$20/\$15/\$10	
Office/EMT/Number Fee	\$20
USEF Drug & Admin. Fee	\$15
USEF Non-member Jr. Fee	\$30
USHJA Non-member Sr. Fee	\$30
USHJA Horse Fee	\$ 2
Post-Entry Fee @ \$25	
MHC Fee	\$ 1
Make checks payable to CCHHS.	
Rider #1- Cash	
Rider #1- Check#	
Rider #2- Cash	
Rider #2- Check#	

WARNING

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Chapter 28, section 2d of the general laws. I agree to indemnify and save harmless the Cape Cod Hunter Horse Show, its directors, officers, members, employees, and agents thereof from and against any and all loss, costs, or expenses or any claim thereof, of whatever nature arising or to arise, for and on account, or by reason of the entry or entries hereby made. I further agree that if any damage shall be occasioned or loss occur by fire of otherwise to the horses exhibited, or to any vehicle or article that I may send with such horses that I will make no claim therefore agree to indemnify and hold harmless the owners of Saddle Rowe Farm and Rozenas Field, or its agents, from any loss, costs or expenses or claim thereof.

SIGNATURE: _____ **EMAIL:** _____