

Checks to: James River Hunt
781 Ledford Lane, Smithfield, VA 23430

757-357-1775

HORSE					HORSE USEF #	CLASSES FOR RIDER ONE	CLASSES FOR RIDER TWO
Color	Sex	Ht.	Age	Green 1 2	Pony Sm Md Lg		

OWNER OR AGENT	RIDER ONE	RIDER TWO
Owner Name _____	Rider Name _____	Rider Name _____
Address _____	Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ E-Mail _____	Phone _____ Jr. Birthdate _____	Phone _____ Jr. Birthdate _____
Owner USEF _____	Rider USEF _____	Rider USEF _____
Owner/Agent Signature _____	Rider Signature _____ <i>(Parent or Guardian, if minor or if not available trainer signature)</i>	Rider Signature _____ <i>(Parent or Guardian, if minor or if not available trainer signature)</i>

RECIPIENT OF PRIZE MONEY	TRAINER	COACH
Name of Recipient _____	Trainer Name _____	Coach Name _____
SS or Fed ID # _____	Farm Name _____	Farm Name _____
Address _____	Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ E-Mail _____	Phone _____ E-Mail _____	Phone _____ E-Mail _____
Trainer USEF _____	Trainer USEF _____	Coach USEF _____
Trainer Signature _____	Trainer Signature _____	Coach Signature _____

of Stalls Needed _____ Stable with: _____ Phone No. (_____) _____ Arrival Date _____ Departure Date _____

USEF 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 the James River Hunt Horse Show to the following:
 I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as a 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 for 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, and for claims made by others for any Harm caused by me or my horse at 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 EV113, 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 provisions 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 their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
 I represent that I have the requisite training, coaching and abilities to safely compete in this competition.
 BY SIGNING THIS AGREEMENT, I further AGREE to be bound by all applicable Federation Rules, and all terms and provisions of this entry blank.

Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ Emergency Contact Phone # _____
 Print Parent/Guardian Name _____ Is Rider/Driver/Vaulter a U.S. Citizen? ____ Yes ____ No

Stall - \$175 x _____ = \$ _____
 One Night Stall - \$125 x _____ = \$ _____
 (Move in one night stall not before 6 pm and out by 4 pm)
 Ship In - \$35 x _____ = \$ _____
 Office - \$35 x _____ = \$ _____
 USEF Fee \$12 x _____ = \$ _____
 (\$5 USEF Fee \$7 Drug & Med)
 USEF Non Member \$20 x _____ = \$ _____
 USHJA Non Member \$20 x _____ = \$ _____
 Breed/Discipline \$5 x _____ = \$ _____
 (Jr's Exempt)