

MHJA Hunter Horse Show

Entries close August 1, 2020

Enclose Copies of Cards & Coggins/Flu/Rhino/Safe Sport/Waiver

PRINT
Owner Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____
 SS/Fed ID# _____
 Please send copies of USEF/USHJA Membership Cards & Measurement Cards
 See below for signatures

Make checks payable to: MHJA
Mail entries to: Patty Humphries
229 Ridgewood Court
Waconia, MN 55387
952-442-5321

This entry form MUST include: Name of horse and complete description, name of owner, address, name of Trainer, and classes that you intend to compete in.

HORSE NAME		USEF HORSE#	RIDER	Age
Color	Sex	Ht	Age	Age
		Green height	RIDER	

CLASSES				
CLASSES				

FEDERATION ENTRY AGREEMENT

By entering a Federation-Licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees, and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. the ("Federation") and the local rules of MHJA/Stonegate I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors, and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cablecast, broadcasts, internet, film, new media, or other likenesses, of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR 908.4

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.

By signing below, I (as participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any USEF Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the released parties from any such Liabilities as the result of such claim.

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 any electronic signatures shall have the same validity, force and effect as if I affixed my hand.

X _____ X _____
 Rider/Driver/Handler (mandatory) Trainer Signature (mandatory)
(Parent/Guardian if Rider/Driver/Vaultor/Longeur is a minor) Print Name Owner Signature (mandatory) Print Name

 Print Name
 X _____
 Coach Signature

X _____
 Rider/Driver/Handler (mandatory)
(Parent/Guardian if Rider/Driver/Vaultor/Longeur is a minor) Print Name

 Print Name
 Parent/Guardian Name
 Is Rider/Driver/Vaultor a U.S. Citizen: Yes ___ No ___
 Emergency Contact Phone Number _____

PRINT
Rider Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____
 ASPCA# _____
 Please send copies of USEF/USHJA numbers/measurements
 See below for signatures

PRINT
Rider Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____
 ASPCA# _____
 Please send copies of USEF/USHJA numbers/measurements
 See below for signatures

Total Class Fees \$ _____
 Stabling Fee: \$175/week \$ _____
 Office/Facility Fee \$40.00 \$ _____
 USEF (Drug \$15-USEF \$8) \$23.00 \$ _____
 USEF Show Pass \$ 45.00 \$ _____
 USHJA Show Pass \$ 30.00 \$ _____
 USHJA \$2.00 fee \$ 2.00 \$ _____
 Medic Fee \$10.00 \$ 10.00 \$ _____
 3% Credit Card Fee _____
 Late Fee (if Postmarked after 8/01/20) \$ 50.00 _____
 Amount Enclosed \$ _____ Check # _____
 Stable With _____