

Otter Creek Classic Aug. 31- Sep. 4, 2011

Entry Payable to:

Entries Close: Tuesday August 16th

Owner Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____
 E-mail _____
 SS/Fed ID _____

Otter Creek Farm
 Mail to Lena Warner
 E5847 1170th Ave
 Wheeler, WI 54772

Phone: 715-658-1105 or
 Show Office: 715-658-1602
 Fax: 715-658-1250

Trainer Name _____
 Farm Name _____
 Address _____
 City/State/Zip _____
 Cell Phone _____
 E-mail _____
 USEF/USEF# _____ ASPCA# _____

| Horse Name | | | | | USEF Horse# | Rider | Age |
|------------|-----|----|-----|-------|-------------|-------|-----|
| Color | Sex | Ht | Age | Green | EC Horse# | Rider | Age |
| | | | | 1 2 | | | |

| Classes | | | | | |
|---------|--|--|--|--|--|
| | | | | | |

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for [insert name here] ("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 from the competition, and agree that any actions against the Federation must be brought in New York State.

USEF 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 to the following: I AGREE that "the Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates.

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.

Rider Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____
 E-mail _____

Rider Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 USEF/USHJA# _____ ASPCA# _____
 E-mail _____

| | | |
|--------------------------------|---------------|-------------|
| Stall Fee @150 Tack Stall @150 | \$150 | _____ |
| Office Fee/Facility Fee | \$50 | \$50 |
| USEF (Drug \$7-USEF \$8) | \$15 | \$15 |
| USHJA Fee | \$2 | \$2 |
| USEF Non Member Fee | \$30 | _____ |
| USHJA Non Member Fee | \$30 | _____ |
| Late Fee | \$50 | _____ |
| Amount Enclosed _____ | Check # _____ | |
| Stable With _____ | | |

| | | |
|---|--|--|
| Rider/Driver/Handler/Vaulter/Longeur (Parent/Guardian if Rider/Handler is a minor) Signature: _____ Print Rider Name: _____ | Trainer (Mandatory) Signature: _____ Print Rider Name: _____ | Owner/Agent (mandatory) Signature: _____ Print Rider Name: _____ |
| Rider/Driver/Handler/Vaulter/Longeur (Parent/Guardian if Rider/Handler is a minor) Signature: _____ Print Rider Name: _____ | Coach (if applicable) Signature: _____ Print Rider Name: _____ Is Rider/Driver/Vaulter a U.S. Citizen: ___Yes ___No | Please include check for Stall Fee, Drug Fee and Office Fee and Open Check for Entries. Thank You |

Parent/Guardian Name: _____ Emergency Contact Phone Number _____