

Back #

Autumn Riders Horse Shows

ARHSnj.com - ARHS5508@gmail.com - (848) 261-9838

Make checks payable to: Autumn Riders Horse Shows - Venmo: @Autumn-RidersNJ

Date: _____

T.I.P Number	Horse Name:	Sex	Color	Age	Height	Size
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Primary Owner Name:	DOB	Owner Email Address:	Phone Number:
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Owner Address	City/State/Zip	Owner Signature-I have read/agree to Federation Entry Agreement below
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Rider Name:	DOB	Rider Email Address:	Phone Number:
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Rider Address	City/State/Zip	Rider Signature-I have read/agree to Federation Entry Agreement below
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Rider #1 Classes by Number	Rider Memberships Please Check: ARHS _____, Colonial Classic _____, NJPHA _____
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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 above show 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.

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 Autumn Riders Horse Show "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 / Autumn Riders Horse Show / East Freehold Show Grounds 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 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 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 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.

Show Fees:	Qty	Amount
Office Fee:	1	\$40.00
Grounds / EMT Fee:	1	\$15.00
Class Fee: \$25.00 x		
Bit O'Straw Classic: \$50.00		
Medal Class: \$40.00		
M&S Classics: \$40.00		
Membership Fee:		
Back Number:	1	\$2.00
Total Owed		

Owners Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ Print Parent/Guardian Name: _____

Rider #1 Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ Print Parent/Guardian Name: _____

Trainer:	USEF#	Cell #	Email Address:
Address:	City/State/Zip	Trainer Signature	

Processed By Employee:	Payment Method Check One: Cash _____ Check _____ Venmo _____	Check Number:
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