

**ONLY ONE (1) OWNER PER FORM**

OWNER	
Print Name of Legal Owner (Signature on Back)	
Street or P.O. Box of Owner or Agent	
City	State Zip
Phone No. of Owner	Owner Email Address
USEF #	ASHA #
AMHA #	

**73<sup>rd</sup> Annual  
2017 California Saddle  
Horse Futurity  
Horse Show**

**USEF ENTRY FORM  
COMPLETE BOTH SIDES OF THIS FORM**

**October 27, 28 & 29, 2017**

**South Point, Las Vegas, Nevada**

**ENTRIES CLOSE OCTOBER 14, 2017**

TRAINER	
Print Trainer's Name (Signature on Back)	
Street or P.O. Box of Trainer	
City	State Zip
Phone No. of Trainer	Trainer Email Address
USEF #	ASHA #
AMHA #	UPHA #

LEAVE BLANK	NAME OF HORSE (Class Number Under Name. One Class Per Square)	TOTAL FEES	DESCRIPTION		BREED REG # & USEF REC #	RIDER, DRIVER OR HANDLER
			Sex:	DOB:	BREED REG#	NAME:
			Color:	Height:	USEF REC#	
			Sex:	DOB:	BREED REG#	NAME:
			Color:	Height:	USEF REC#	
			Sex:	DOB:	BREED REG#	NAME:
			Color:	Height:	USEF REC#	
			Sex:	DOB:	BREED REG#	NAME:
			Color:	Height:	USEF REC#	

**PLEASE SEND COPIES OF HORSE REGISTRATION PAPERS SHOWING PROOF OF OWNERSHIP, USEF MEMBERSHIP CARDS, AMHA, ASHA AND UPHA MEMBERSHIP CARDS IF APPLICABLE, AND PONY MEASUREMENT CARDS WITH THIS ENTRY FORM.**

CREDIT CARD PAYMENT INFORMATION	
Name as it appears on card	
Card Number / Type	
Exp. Date	Billing Zip Code
3 digit security code	
Cardholder's Signature	
Note - 3% transaction fee to be applied	

MAKE ALL CHECKS PAYABLE TO:  
**CSHBA**

NO ENTRIES ACCEPTED UNLESS ACCOMPANIED BY MINIMUM PAYMENT FOR STALLS AND HORSE FEES - CHECK OR CREDIT CARD (VISA, MC, DISCOVER, ONLY)  
**FOR MORE INFORMATION CALL:  
RON HOOD (831) 637-8510**

MAIL ENTRIES TO:  
**SADDLE HORSE FUTURITY  
RON HOOD  
280 MANSFIELD ROAD  
HOLLISTER, CA 95023**

ENTRY FEES ..... \$ \_\_\_\_\_  
OFFICE FEES (PER HORSE)..... (\_\_\_\_) x \$ 25 \$ \_\_\_\_\_  
STALLS, 4 BALES OF SHAVINGS PER STALL INCLUDED..... (\_\_\_\_) x \$175 \$ \_\_\_\_\_  
EXTRA SHAVINGS (PER BALE)..... (\_\_\_\_) x \$ 11 \$ \_\_\_\_\_  
STALL MATS (PER STALL)..... (\_\_\_\_) x \$ 40 \$ \_\_\_\_\_  
HAY PRE-ORDER (ALFALFA-\$20, GRASS - \$25)..... (\_\_\_\_) x \$ \_\_\_\_ \$ \_\_\_\_\_  
USEF FEE (PER HORSE - \$8 DRUG - \$8 USEF FEE)..... (\_\_\_\_) x \$ 16 \$ \_\_\_\_\_  
USEF Single Event Show Pass - (per person non-members)..... (\_\_\_\_) x \$ 30 \$ \_\_\_\_\_  
SPONSORSHIP..... \$ \_\_\_\_\_  
VIP SEATING (FRONT ROW TABLE & SEATING FOR SIX - \$600)..... \$ \_\_\_\_\_  
TOTAL ENCLOSED..... \$ \_\_\_\_\_

STABLE WITH \_\_\_\_\_

<b>Office Use Only - Amt Paid</b> _____	<b>Check No.</b> _____	<b>Horse #'s</b> _____
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## US Equestrian 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 the Competition. I agree to be bound by the Bylaws and Rules of the Federation and 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, cable-casts, broadcasts, internet, film, news 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 GR908.4

### 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, Futurity Horse Show, 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, vaultor, 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, Futurity Horse Show at South Point Hotel & Equestrian Center**, Las Vegas, Nevada, 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 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, Futurity Horse Show, South Point Hotel & Equestrian Center, 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 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. BOD 1/23/11 Effective 12/1/11**

#### OWNER/AGENT (MANDATORY)

Adult Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

#### TRAINER (MANDATORY)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

#### RIDER/DRIVER/HANDLER #1 (MANDATORY)

Print Name: \_\_\_\_\_ Jr. DOB \_\_\_\_\_

Rider #1 USEF # \_\_\_\_\_ UPHA# \_\_\_\_\_ AMHA # \_\_\_\_\_ ASHA# \_\_\_\_\_

Rider #1 Address: \_\_\_\_\_

Emergency Contact Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Rider #1 Signature: \_\_\_\_\_

(Parent/Guardian signature, if exhibitor is a minor)

Print Name – of Adult/Guardian: \_\_\_\_\_

#### RIDER/DRIVER/HANDLER #2 (MANDATORY)

Print Name: \_\_\_\_\_ Jr. DOB \_\_\_\_\_

Rider #2 USEF # \_\_\_\_\_ UPHA# \_\_\_\_\_ AMHA # \_\_\_\_\_ ASHA# \_\_\_\_\_

Rider #2 Address: \_\_\_\_\_

Emergency Contact Phone No: \_\_\_\_\_ Email address \_\_\_\_\_

Rider #2 Signature: \_\_\_\_\_

(Parent/Guardian signature, if exhibitor is a minor)

Print Name – of Adult/Guardian: \_\_\_\_\_