

NO.	NAME OF HORSE	HORSE ID or RECORDING #	HT.	COL.	SEX	AGE	GREEN		NAME OF RIDER	BIRTHDATE	SECTIONS OR CLASSES ENTERED				ENTRY FEES
							1ST	2ND							
NO.	NAME OF EQUITATION HORSE	HT.	COL.	SEX	AGE	NAME OF EQUITATION RIDER				EQUITATION CLASSES ENTERED					

Federation Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR1502.4) as printed in the prize list for this 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 at 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 -- Mother's Day Spring Classic -- to the following:

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 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 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, 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 at the competition.

I have read the Federation rules about protective equipment, including GR318 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 of the above 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 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. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation rules and all terms and provisions of this entry blank.

Total entry fees	\$ _____
___ stalls/tack rooms @ \$175 ...	\$ _____
___ schooling/grounds @ \$30 ...	\$ _____
___ USEF Drug Fee @ \$12 horse (\$7 drug, \$5 USEF)	\$ _____
___ USEF nonmbr. @ \$20 person ..	\$ _____
___ USEF breed/disp. @ \$5 person (applicable for sr. nonmember, base member)	\$ _____
___ USHJA nonmbr. @ \$20 person ..	\$ _____
___ haul in @ \$50 per day	\$ _____
___ RV hookups @ \$200	\$ _____
TOTAL ENCLOSED ...	\$ _____

OWNER
Signature _____

Print name _____

Address _____

City, state, zip _____

Phone (____) _____

USEF/EC # _____ SS/TAX ID _____

RIDERS/PARENT
Signature _____

Print name _____ USEF/EC _____

Signature _____

Print name _____ USEF/EC _____

Parent/guardian signature _____

Print name _____

TRAINER
Signature _____

Print name _____ USEF/EC _____

Address _____

City, state, zip _____ Phone (____) _____

Coach signature _____

Print name _____ USEF/EC _____

ENTRIES CLOSE APRIL 21, 2008

Make check payable to Triple Rise, and mail to:

Mollie Gallaway, show secretary
P.O. Box 24508, Eugene, OR 97402
(541) 914-0052

Please stable me with _____

Arrival _____ Departure _____

Emergency phone # _____