CORNERSTONE FARM Date:											POST ENTRY		# ASSIGNED	
Note: Only ONE horse accepted per entry for	orm, which m	nay be photocopi	ed.											
Name of Horse	Age Horse ID or Reco			ecording	rding #		Height		Color		Horse/Pony		Am. Ad. Age	
											□Sm □M	ed □Lg	□18-35	Over 35
Rider #1 Name & DATE OF BIRTH	USEF /I	JSHJA/ASPCA	NEHC #	MHC #					CLASSES	ENTERED			Tot	al Fees
					Class #		-				-	1		
					Class #								-	
Rider #2 Name & DATE OF BIRTH	USEF/USHJA/ASPCA		NEHC #	MHC #			CLASSES ENTER			ENTERED	D		Total Fees	
				Class #					1	1				
					Class #		_						-	
I have read the United States Equestrian F	ederation Ir	oc ("the Federati	on") Entry Agr	eement (GR		inted in th	e Prize List f	or Corne	erstone Farm	r r	Total Entry Fees	ļ		
I have read the United States Equestrian Federation, Inc. ("the Federation") Entry Agreement (GR906.4) as printed in the Prize List for Cornerstone Farm ("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,									ict L	USEF Fees				
and local rules of this competition. I agree to waive the right to the use of my photos from the competition and agree that any actions against the Federation											USEF \$8		\$23.00	
must be brought in New York State. Federation Release, Assumption of Risk, Waiver and Indemnification										Drug/Med \$15		<i>¥23.00</i>		
This document waives important legal right										F	SHOW PASS FEE		1	
I AGREE in consideration for my participation in this Competition "Cornerstone Farm" to the following: I AGREE that "the Federation" and "Competition" as used herein includes the License and Competition Management, as well as all of their officials,									USEF \$45					
officers, directors, employees, agents, per	rsonnel, volu	nteers and Feder	ation affiliates			0					USHJA \$30			
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 a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous										USHJA Fee		\$2.00		
risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death ("Harm").										Office Fee		\$1	\$15.00	
I AGREE to hold harmless and release the Federation, the Competition, MHC and the NEHC from all claims for money damages or otherwise for any Harm to me or my horse to others, even if the Harm arises or results resulted, directly or indirectly from											Warm - Up(s)			
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.										F F	MISC Fee			
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.										· [MHC Fee		\$1.00	
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									read	NEHC Fee \$2		\$2.00		
the Federation rules about protective equipment, including GR801 and of applicable, EV114, and I understand that I am entitled to wear protective										Г	SUB TOTAL		· · ·	
equipment without penalty, and I acknowledge that the Federation strongly encourages me that I 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										Prize Money		<	>	
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								·	GRAND TOTAL		1			
compete in this competition. I AGREE that if I am injured at this com	petition, the	medical personn	el treating mv	iniuries may	provide inf	ormation	of my iniury	and trea	atment to th	e F		Office U	se Only Below	
Federation and the official USEF accident,	/injury report	form.			-						Amt. Rec:		,	
BY SIGNING BELOW, I AGREE to be bound this Prize List. If I am signing and submitt										5 01	Ck #/Cash			
effect as if I affixed my signature by my ov			ally, I acknowle	euge mar my	electionic	Signature	silali ilave ti	e same v	valiaity, iore	-	Mail Entries	to:		
X	X _				_ X						Jodi Hunt	10.		
Riders Signature		Trainers Sigr					ent Signati					Farm		
Name	Nar	ne			Name						Cornerstone Farm 32 Amesbury Line Road,			
Address	AddAdd	ress			4aaress_ City						Haverhill, MA 01830 Email Entries to: jodildoyle@yahoo.com			
City State/Zip	State	/ e/Zip			State/7in									
Phone:	Phor	ne:		`	Phone:			· · · · · · · · · · · · · · · · · · ·						
Rider USEF#		er USEF#		(Owner US	SEF#								
Rider Email Trainer Email														
Parent/Guardian Signature: (Requ	uired if ride		dler is a mir	nor):										
Parent/Guardian Printed Name &	Emergeno	cy Phone #												