

ONE OWNER PER FORM USEF # \_\_\_\_\_ AMHA # \_\_\_\_\_  
 UPHA # \_\_\_\_\_ USDF # \_\_\_\_\_  
 OWNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 PLEASE STABLE WITH \_\_\_\_\_

**CONNECTICUT MORGAN HORSE SHOW**  
 June 8-12, 2010  
 ENTRIES CLOSE MAY 1, 2010  
 Refer to prize list regarding post entries.  
 INCOMPLETE ENTRIES  
 WILL NOT BE ACCEPTED

Please make checks payable to  
 Connecticut Morgan Horse Show  
 and return with this form to:  
**Linda Burke, Secretary**  
**436 Middle Rd.**  
**Horseheads NY 14845**  
 607-739-6169  
 Email : LBURKE1177@yahoo.com

**EB#**

Entry #	Horse Name #1	USDF Reg. #	Sex	DOB	Sire	Dam
	Classes				Shown By	
	Classes				Shown By	
Entry #	Horse Name #2	USDF Reg. #	Sex	DOB	Sire	Dam
	Classes				Shown By	
	Classes				Shown By	
Entry #	Horse Name #3	USDF Reg. #	Sex	DOB	Sire	Dam
	Classes				Shown By	
	Classes				Shown By	

<b>TOTALS</b>	
HORSE #1	_____
HORSE #2	_____
HORSE #3	_____
USEF DRUG FEE \$15 PER HORSE (INCLUDES \$7 D&M)	_____
HORSE STALLS @ \$125	_____
CAMPER SPACE @ \$235	_____
BOX SEATS @ \$110	_____
USEF NON-MEMBER FEE @ \$30	_____
YOUTH CONTEST @ \$15	_____
LATE FEE PER HORSE @ \$30	_____
OFFICE FEE PER OWNER @ \$25	_____
NON-SHOWING HORSE @ \$50	_____
SPONSORSHIP	_____
<b>TOTAL</b>	_____

<b>OFFICE USE ONLY</b>	USEF# _____ AMHA# _____	Rider #1 _____	
	REG _____ COG _____	Address _____	
	RABIES _____ UPHA# _____	City, State, ZIP _____	
	SIG _____ PD _____	USEF# _____ AMHA# _____ UPHA# _____ USDF# _____	
CK# _____ CC _____	Rider #2 _____		<p align="center"><b>Make checks payable to "CMHS"</b></p> <p align="center"><b>Non-US checks must be marked "Payable in US Funds"</b></p> <p align="center">If you wish to charge your entries, please fill out the following:</p> <input type="checkbox"/> VISA <input type="checkbox"/> MC
USDF# _____	Address _____		
	City, State, ZIP _____		
	EXPIRATION DATE _____ SEC CODE _____		
	SIGNATURE _____		

Please use this form to list all your customers who are to be stabled with you, including those sent in separately. Requests from entries to be stables with you will not be considered unless their name appears on the list below.

**Owners Name # Stalls**

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

**WARNING:** Under Massachusetts Law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities. Pursuant to Chapter 128, Section 2D of the General Law.

**United States Equestrian Federation, Inc. Entry Agreement**

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GRP06.4) as printed in the Prize List UPHA Chapter 14 and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, 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 "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 UPHA Chapter 14 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 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 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 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.**

X \_\_\_\_\_ X \_\_\_\_\_  
 (Owner/Agent) Mandatory—See front for complete address/USEF Number info      USEF #      Trainer (Mandatory)      (Rider/Driver/Handler #1 (Mandatory))

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

Coach Signature \_\_\_\_\_ Address \_\_\_\_\_ X \_\_\_\_\_  
 (Rider/Driver/Handler #2 (Mandatory))

Print Coach Name \_\_\_\_\_

Coach USEF# \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Print Name \_\_\_\_\_

Coach Address \_\_\_\_\_ Phone \_\_\_\_\_ X \_\_\_\_\_  
 (Rider/Driver/Handler #3 (Mandatory))

E-Mail: \_\_\_\_\_ Print Name \_\_\_\_\_

Parent/Guardian Signature: (If Rider/Driver/Handler is a minor) \_\_\_\_\_ Emergency Number \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Is Rider/Driver a US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_