

OWNER				RIDER ONE				TRAINER							
Owner name				Rider name				B-day mm/yy		Trainer name					
Address				Address				ASPCA #		Farm name					
Address				Address				Address							
City/State/Zip				City/State/Zip				City/State/Zip							
Phone				Phone				Phone							
Email				Email				Email							
Office use		EC#		USEF & USHJA# <input type="checkbox"/>		<input type="checkbox"/>		MHC#		NEHC# <input type="checkbox"/>		USEF & USHJA# <input type="checkbox"/>		<input type="checkbox"/>	

RECIPIENT OF PRIZE MONEY AWARDS				RIDER TWO				PAYABLE TO				MISC. FEES		HORSE NUMBER			
Name of Individual		OR Corporation		Rider name				B-day mm/yy		Volo Farm Inc. 84 Powers Road Westford, MA 01886 Tel: 978 692 7060 Fax: 978 392 9555 www.volofarm.com				USEF Drug		\$7	
SS#		OR Fed ID#		Address				ASPCA #						USEF Fee		\$5	
Address				Address				USEF NM Fee						\$20			
City/State/Zip				City/State/Zip				USEF Breed Disc. (Jr. exempt)						\$5			
Office use only				Phone				USEF & USHJA# <input type="checkbox"/>						USHUA NM		\$20	
				Email						Affidavit		\$5					
				MHC#				NEHC# <input type="checkbox"/>		USEF & USHJA# <input type="checkbox"/>							

HORSE NAME				USEF HORSE#				RIDERS				CIRCLE		CLASSES			
				USEF Horse#				Rider One				Jr Am Pro		Rider One classes			
Color		Sex		Ht.		Age		Green 1 2		Horse/Pony SM MD LG		Meas. Card#		Rider Two classes			
								Rider Two				Jr Am Pro					

USEF ENTRY AGREEMENT															
I have read the USEF Entry Agreement (GR 1502.4) 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 the 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.												Post entry fee		\$25.00 X _____ = _____	
USEF Equestrian Release, Assumption of Risk, Waiver and Indemnification												Horse use fee		\$40.00 X _____ = _____	
This document waives important legal rights. Read it carefully before signing.												Day stall fee		\$50.00 X _____ = _____	
I AGREE in consideration for my participation in this Competition VOLO FARM HORSE SHOWS to the following: I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longueur, 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 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 GR 318 and EV 113, 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 "the Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I AGREE that 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.						Overnight stall fee		\$100.00 X _____ = _____	
												Miscellaneous fees		\$ _____ X _____ = _____	
												TOTAL FEES		\$ _____	
												Rider One class total		\$ _____	
												Rider Two class total		\$ _____	
												TOTAL DUE		\$ _____	

OWNER/AGENT				RIDER/HANDLER				TRAINER/COACH			
MANDATORY		SIGNATURE _____		SIGNATURE _____		Is rider a US citizen YES <input type="checkbox"/> NO <input type="checkbox"/>		SIGNATURE _____		Paid: _____ Check # _____ Cash _____ MC _____ Visa _____	
		Print name _____		Print name _____				Print name _____			
		PARENT/GUARDIAN SIG (Required if rider/handler is a minor)		SIGNATURE _____		Is rider a US citizen YES <input type="checkbox"/> NO <input type="checkbox"/>		COACH SIGNATURE (if applicable)			
		Print name _____		Print name _____				Print name _____			