

# ONE OWNER PER ENTRY BLANK

March 30, 31, April 1, 2012

**SADDLEBRED ENTRIES:** Enclose copy of current ASHA membership card for each owner and trainer, and copy of current registration papers of each horse.  
**ALL ENTRIES:** Enclose copy of current USEF membership card for each owner, exhibitor and trainer (miscellaneous and walk/trot classes are exempt).

**OWNER'S NAME** \_\_\_\_\_ **USEF #** \_\_\_\_\_

	Name of Horse	Age	Color	Sex	Ht.	Reg. #	Rider/Driver Name	USEF #	Class	Class	Class	Class	Total Fees
									Fee	Fee	Fee	Fee	

	Name of Equitation Rider	City & State	Rider's Age			USEF #	Class	Class	Class	Class	Total Fees
			Age	Color	Sex		Fee	Fee	Fee	Fee	
	Name of Equitation Horse										
	Name of Equitation Rider	City & State	Rider's Age			USEF #	Class	Class	Class	Class	Total Fees
	Name of Equitation Horse		Age	Color	Sex	Reg. #					

**FOR COMPETITION'S USE:**

Ck # _____	Ck Amt. _____
Date Rec. _____	Monies Over _____
EB # _____	Monies Under _____
Memberships:	<input type="checkbox"/> OK <input type="checkbox"/> DUE

Make checks payable to:  
 MID-AMERICA HORSE SHOW ASSN.  
 Mail entries to:  
 Cheryl Rangel,  
 Executive Secretary,  
 1101 Peace Dr.,  
 Wheeling, IL 60090

**TOTAL FEES:**

- # \_\_\_\_\_ Classes @ \$35.00 .....
- # \_\_\_\_\_ Championships @ \$40.00 .....
- # \_\_\_\_\_ Academy Classes @ \$25.00 .....
- # \_\_\_\_\_ UPHA Classic Entry Fee .....
- # \_\_\_\_\_ Box Stalls @ \$85.00 .....
- # \_\_\_\_\_ Tack Stalls @ \$85.00 .....
- # \_\_\_\_\_ **USEF Fee** @ \$15.00 Per Horse (\$7 Drugs/Medications; \$8 USEF) Mandatory Charge .....
- # \_\_\_\_\_ USEF Non-Member Fee @ \$30 .....
- # \_\_\_\_\_ **Office Fee** @ \$20.00 per horse (Mandatory Charge) .....
- If you need more space, use additional entry forms.
- # \_\_\_\_\_ Six Seats — Mezzanine Level @ \$60.00 .....
- # \_\_\_\_\_ Camper Hook-up @ \$20.00 per day .....
- # \_\_\_\_\_ Mid-America Dues, Enrollments .....
- # \_\_\_\_\_ Bags of Shavings @ \$8.00 each .....

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Stable With: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Shaving Orders: \_\_\_\_\_

Shavings must be ordered in advance to facilitate delivery.

**TOTAL CHARGES** .....

MID-AMERICA  
  
 HORSE SHOW

**March 30, 31, April 1, 2012**  
**ENTRIES CLOSE MARCH 21st**

**WARNING:** Under the Illinois Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

**All horses must have a Negative Coggins Test within the past twelve (12) months.**  
**Out of state horses must have a new entrance permit required by the Illinois Dept. of Agriculture, as well as a health certificate.**

**Signatures required on REVERSE side. – NO entries will be accepted without required signatures. PLEASE COMPLETE BOTH SIDES OF THIS ENTRY BLANK.**

**Make checks payable to :  
 MID-AMERICA HORSE SHOW ASSN.  
 Mail entries to: Cheryl Rangel, Executive Secretary, 1101 Peace Dr., Wheeling, IL 60090**

**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, Vaulteur 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, 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 State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

**SIGNATURES REQUIRED IN  
 THREE (3) PLACES (at X)**  
**Entries Not Signed Will Not Be Accepted.**  
**Carefully Read This Agreement  
 Before Signing!**

**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 Mid-America Spring Show to the following:**

**I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulteur, 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 GR801 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 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 the 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, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.**

X \_\_\_\_\_  
**Rider, Driver, or Handler Signature**  
*(Parent/Guardian, if under 18, or if not available, trainer must sign.)*  
 Print Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Rider/Driver/Handler's USEF #: \_\_\_\_\_  
 Rider/Driver/Handler's ASHA #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 If more than one, attach signed copy of this page.

X \_\_\_\_\_  
**Trainer's Signature**  
 Print Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Trainer's USEF #: \_\_\_\_\_  
 Trainer's ASHA #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 UPHA #: \_\_\_\_\_

X \_\_\_\_\_  
**Owner's or Agent's Signature**  
 Print Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Owner's USEF #: \_\_\_\_\_  
 Owner's ASHA #: \_\_\_\_\_  
 Agent's USEF #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_

X \_\_\_\_\_  
**Parent/Guardian Signature** *(Required if Rider/Driver/Handler/Vaulteur/Longeur is a minor)*  
 Print Name: \_\_\_\_\_  
 Emergency Contact Phone No: \_\_\_\_\_  
 Is Rider/Driver/Vaulteur a U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No