

ENTRIES CLOSE: AUGUST 3, 2010

HMI AUGUST CLASSIC

AUGUST 25 - 29, 2010

OWNER OR AUTHORIZED AGENT			RIDER			TRAINER		
Owner Name			Rider Name			Trainer Name		
Address			Address			Address		
City	State	ZIP	City	State	ZIP	City	State	ZIP
Social Security # or TIN #			Phone			E-Mail		
Phone			E-Mail			Phone		
E-Mail			USEF#	PCHA #	Date of Birth	Barn Phone		Cell Phone
USEF#	PCHA #	NCHJA #	USEF#	PCHA #	Date of Birth	Barn Phone		Cell Phone
JSHJA#			USHJA#					

Prize money paid to if other than owner			RIDER			CREDIT CARD PAYMENT		
Name of Corporation			Rider Name			VISA/MC #		
Address			Address			Exp. Date		
City	State	ZIP	USEF#	PCHA #	Date of Birth	Signature		
Social Security # or TIN #			Phone			E-Mail		
E-Mail			USEF#	PCHA #	Date of Birth	Barn Phone		Cell Phone
USEF#	PCHA #	NCHJA #	USEF#	PCHA #	Date of Birth	Barn Phone		Cell Phone
JSHJA#			USHJA#					

NAME OF HORSE		AGE	COLOR	SEX	HEIGHT	RIDER			CLASSES				
		Please circle below if applicable											
USEF#	Measurement #	1st Yr	2nd Yr	Sm	Md	Lg							
JSHJA#													

Federation Release, Assumption of Risk, Waiver and Indemnification

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR 906.4) 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, 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.

This document waives important legal rights. Read if carefully before signing.

I AGREE in consideration for my participation in this Competition HMI August Classic 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 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 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, 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 GR 801 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 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 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 BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

USEF Fee @ \$15
 (\$7.00 USEF Drug Fee & \$8.00 USEF Fee)
 USHJA Fee @ \$2
 CA Drug Fee @ \$5
 PCHA Fee @ \$3
 NCHJA Fee @ \$3

NON MEMBER FEES
 USEF NM Fee @ \$30
 USHJA NM Fee @ \$30
 PCHA NM Fee @ \$10

MISC FEES
 Late Fee @ \$25
 Trailer In Fee @ \$25
 Non Showing @ \$100
 Pref Parking @ \$100

NOMINATING FEES
 Horse @ \$50
 Horse Stall @ \$150
 Tack/Groom @ \$150

1 Horse @ \$50
 1 Horse Stall @ \$150
 # T/G \$ _____
 # Park \$ _____

MANDATORY	OWNER/AGENT	RIDER/HANDLER	TRAINER	MANDATORY
	SIGNATURE:	SIGNATURE:	SIGNATURE:	
	Print Name: (Required if Rider/Handler is a minor)	Is Rider/Handler is U.S. Citizen (please circle): YES NO Print Name:	Print Name:	
	PARENT/GUARDIAN SIG.:	SIGNATURE:	COACH SIGNATURE:	
	Print Name:	Is Rider/Handler is U.S. Citizen (please circle): YES NO Print Name:	Print Name Emerg. Contact Phone#:	

CHECKS PAYABLE TO: HMI DO NOT FAX ENTRIES DO NOT MAIL ENTRY WITH SIGNATURE REQUIRED
MAIL TO: HMI * 1 IVY ST * MONTEREY, CA 93940
INFO: 831-625-3333, 831-594-1719
****SEND COPIES OF MEMBERSHIP CARDS/MEASUREMENT CARDS WITH ENTRIES****

STABLE WITH: _____
ENTER ONLINE @ WWW.SONOMAHORSE PARK.COM
PAYMENT # _____ **TOTAL ENCLOSED \$** _____