

**ENTRIES CLOSE: AUGUST 22, 2017**

**SHP SEASON FINALE**

**SEPTEMBER 20 - 24, 2017**

OWNER OR AUTHORIZED AGENT			RIDER 1			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		
USEF# USHJA#			PCHA #			Date of Birth		
USEF# USHJA#			CPHA #			NCHJA #		
USEF# USHJA#			CPHA #			ASPCA #		
USEF# USHJA#			PCHA #			NCHJA #		

Prize money paid to if other than owner			RIDER 2			CREDIT CARD PAYMENT		
Name of Corporation			Rider Name			<b>Download credit card form at <a href="http://headlandsmanagement.com">headlandsmanagement.com</a></b>		
Address			Address					
City	State	ZIP	City	State	ZIP	USEF# USHJA#	PCHA #	Date of Birth
Social Security # or TIN #			Phone			E-Mail		
			CPHA #			NCHJA #		
			ASPCA #					

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

**Federation Entry Agreement**

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR 906.4) as printed in the Prize List for SHP Season Finale ("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 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.

**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 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 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 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 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 and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

- ASSOCIATION FEES**
- USEF Drug Fee @ \$8
  - USEF Fee @ \$8
  - USHJA Fee @ \$7
  - CDFA Fee @ \$5
  - PCHA Fee @ \$3
  - NCHJA Fee @ \$3
- SHOW PASS FEES**
- USEF PASS Fee @ \$30
  - USHJA PASS Fee @ \$30
- MISC FEES**
- Ambulance Fee @ \$30
  - Late Fee @ \$50
  - Trailer In Fee @ \$50 (per horse per day)
  - Non Showing @ \$100
- NOMINATING FEES**
- Horse @ \$100
  - Horse Stall @ \$300
  - Tack/Groom @ \$300
- 
- 1 Horse @ \$100
  - 1 Horse Stall @ \$300
  - # T/G \$ \_\_\_\_\_

M A N D A T O R Y	OWNER/AGENT	RIDER/HANDLER	TRAINER	M A N D A T O R Y
	<b>SIGNATURE:</b>	<b>SIGNATURE:</b>	<b>SIGNATURE:</b>	
	Print Name: (Required if Rider/Handler is a minor)	Is Rider/Handler is U.S. Citizen (please circle): YES NO Print Name:	Print Name:	
	<b>PARENT/GUARDIAN SIG.:</b>	<b>SIGNATURE:</b>	<b>COACH SIGNATURE:</b>	
	Print Name:	Is Rider/Handler is U.S. Citizen (please circle): YES NO Print Name:	Print Name Emerg. Contact Phone#:	

**CHECKS PAYABLE TO: HMI** PLEASE DO NOT MAIL ENTRY USING CERTIFIED MAIL  
**MAIL TO: HMI \* 1 IVY ST \* MONTEREY, CA 93940**  
**INFO: 831-594-1719 NO FAXED OR EMAILED ENTRIES**  
**\*\*SEND COPIES OF MEMBERSHIP CARDS/MEASUREMENT CARDS WITH ENTRIES\*\***

**STABLE WITH:** \_\_\_\_\_  
**ENTER ONLINE @ [SHOWGROUNDSLIVE.COM/HEADLANDS](http://SHOWGROUNDSLIVE.COM/HEADLANDS)**  
**PAYMENT # \_\_\_\_\_ TOTAL ENCLOSED \$ \_\_\_\_\_**

**THIS DOCUMENT WAIVES AND RELEASES IMPORTANT LEGAL RIGHTS. PLEASE READ IT CAREFULLY BEFORE SIGNING.**

I understand and expressly acknowledge that I am fully aware that horseback riding and jumping, horse sports, and my participation in this Horse Show competition involve inherent dangerous risks that include, but are not limited to, the risks of accident, loss, serious bodily injury, property damage, and/or death ("Harm"). I hereby agree to expressly assume ALL RISK OF HARM to myself and my horse(s), and choose to voluntarily participate in this Horse Show.

I HEREBY EXPRESSLY, VOLUNTARILY, AND UNCONDITIONALLY RELEASE, INDEMNIFY AND HOLD HARMLESS Howard Herman, Marcia Herman, Meredith Herman, Ashley Herman, Burgundy Farms, Riverside Equestrian Center, Sonoma Horse Park, Sally Hudson and/or Headlands Management, Inc., their owners, officers, members, agents, employees, licensees and invitees, as well as any other person, firm, corporation, company, entity, or anyone in any way connected with the ownership and management of the show premises and the Horse Show, or in control of the premises or equipment related thereto (collectively, "Releasees") from and against ANY AND ALL CLAIMS FOR INJURIES, DAMAGES, AND/OR LOSSES connected with participation in this Horse Show. This includes, but is not limited to, claims for monetary damages, attorney's fees, costs, losses, and/or causes of action against Releasees for any and all Harm to me or my horse(s) and for any Harm caused or contributed in any way to by me or my horse(s) to others, arising out of or in any way connected with participation in this Horse Show, and includes reimbursement of Releasees' costs and attorney's fees incurred in defense of such claims. I further agree to this release, indemnification, and holding harmless WHETHER OR NOT SUCH CLAIM, INJURY, DAMAGE, OR LOSS RESULTED, DIRECTLY OR INDIRECTLY, FROM MY NEGLIGENT ACTS OR OMISSIONS OR THE NEGLIGENT ACTS OR OMISSIONS OF RELEASEES, to the fullest extent allowed by law. I also acknowledge that no representations or warranties, whether oral or written, implied or expressed, have been made by Releasees concerning the Horse Show premises, the Horse Show event, or the activities at Burgundy Farms, Riverside Equestrian Center, and/or Sonoma Horse Park, or any other matter.

I understand and agree that this Release, Assumption of Risk, Waiver and Indemnification shall be binding upon my heirs and assigns. If a parent or guardian is signing below, he or she consents to the minor child's participation in the Horse Show and agrees to all of the above provisions and agrees to assume all of the obligations of this release of liability on the minor child's behalf.

I HEREBY DECLARE THAT I CAREFULLY HAVE READ THE FOREGOING RELEASE OF ALL LIABILITY, I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING BELOW, AND I AGREE TO THE TERMS OF THE RELEASE IN FULL.

RIDER OR PARENT/GUARDIAN (IF RIDER IS UNDER 18 YEARS OF AGE):

**OWNER/AGENT**

**RIDER/HANDLER**

**TRAINER**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

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

**PARENT/GUARDIAN**

**RIDER/HANDLER**

**COACH**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

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