

AON/USHJA National Championships

November 13-18, 2018

Las Vegas, NV

**Entries Close:
September 14,
2018**

Office Use Only

Only ONE HORSE per entry form.
PLEASE type or print clearly.

Name of Horse or Pony		USHJA Horse Reg #	Color	Sex	Height	Foaled
Sire		Dam				

**EQUITATION - accepted by first entered
(check box next to division to be entered)**

- 14/U Flat (1400) 15-17 Flat (1402)
 14/U Fences (1401) 15-17 Fences (1403)
 USHJA 3'3" Jumping Seat Medal (1405)

**AFFILIATE HUNTER - must be nominated by an
affiliate & enclose letter from them. Additional entries if
space permits will be accepted based on points.
(check box next to division to be entered)**

- USHJA 2' (1190) USHJA 2'6" (1194)

Send Acknowledgement via email to:

*Failure to present proper USEF/USHJA
membership cards will result in non-member fees
being charged.*

**Enclose payment as listed below.
No entry will be processed without payment.
No Open Checks Accepted.**

All Entries - Qualifying Fee

Stalls can be ordered upon acceptance.

All USEF, USHJA & Entry Fees will be
invoiced at the show.

Stable With (trainer name please)

Make checks payable (in US Funds) and mail to:

Ryegate Show Services
1298 Royal Rd
Anncville, PA 17003
717-867-5643 before show phone

**Online entry available at
www.horseshowsonline.com**

**Credit Cards Accepted
Please use form.**

HUNTERS - accepted based on points (check box next to division to be entered)

- AA 18-35 (1152) Green 3" (1101) 3'3" AO 18-35 (1115) 3'3" Sm Jr (1129)
 AA 36-50 (1156) Green 3'3" (1104) 3'3" AO 36/O (1118) 3'3" Lg Jr (1132)
 AA 51/O (1160) Green 3'6" (1108) 3'6" AO 18-35 (1125) 3'6" Sm Jr (1136)
 Child 14/U (1144) Green 3'9" (1111) 3'6" AO 36/O (1122) 3'6" Lg Jr (1140)
 Child 15-17 (1148) Sm Pony (1170) Med. Pony (1174) Large Pony (1178)

**JUMPERS - accepted based on points
(check box next to division to be entered)**

- 1.20 Open (1200) 1.20/1.25 Jr (1216)
 1.30 Open (1203) 1.20/1.25 Am (1219)
 1.40 Open (1206) 1.30/1.35 Jr/Am (1222)
 1.10/1.15 Child (1210)
 1.10/1.15 Adult (1213)

Tax Identification Number: Under penalty of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to). (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or the IRS has notified me that I am no longer subject of backup withholding.

United States Equestrian Federation, inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) 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 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 it carefully before signing.

I AGREE in consideration for my participation in this Competition, the Las Vegas National, to the following: 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 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.

Owner Signature:	Trainer Signature:	Rider #1 Signature:
Name	Name	Name
USEF #	USEF #	USEF #
Address	Address	Birthdate
City, State, Zip	City, State, Zip	Address
Phone	Phone	City, State, Zip
Fax	Fax	Parent/Guardian
Cell	Cell	Sig.
Email	Email	Name

Alternate Payee (if not owner)

Coach

Emergency Contact

Name	Sig.	Phone
SS #	Name	
Address		
City, State, Zip		