

Brave Horse I
 May 25-29, 2022
 Outreach
 # 208

Mail Entries to:
 Brave Horse
 288 Halligan Ave.
 Worthington, OH 43085

No.

Horse's Name	Horse's USHJA #		Sex	Size	Color	Stable With
	Walk Trot	Cross Rails				
OUTREACH RIDERS ONLY						
Rider 1			Short Stirrup	SS Equit	Limit Rider	LR Equit
Rider 2						

Release, Assumption of Risk, Waiver and Indemnification **This document waives important legal rights. Read it carefully before signing.**

ENTRY AGREEMENT I AGREE in consideration for my participation in this Competition to the following: I AGREE that the "Competition" as used herein includes the USHJA and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, handler, 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 USHJA 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 USHJA 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 USHJA or the Competition. I AGREE to indemnify that is, to pay any losses, damages, or costs incurred by the USHJA 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 understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the USHJA 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 BY SIGNING ABOVE. I AGREE to be bound by the terms and provisions of this entry blank and all terms submitting this Agreement

Owner/Agent USEF # _____ Owner/Agent _____ Street Address _____ City/State/Zip _____ Phone # _____ SS#/TIN# _____ Name Associated with SS/TIN _____ Owner/Agent Signature _____	Trainer USEF # _____ Trainer _____ Street Address _____ City/State/Zip _____ Phone # _____ Trainer Signature _____ Coach _____ USEF # _____ Coach Signature _____	Horse Stalls \$160.00 Tack Stalls \$ 250.00 Schooling /EMT /Night Watch \$63.00 Administration Fee \$50.00 USEF Drug Testing Fee (D&M \$15.00 USEF \$8.00) Exempt USHJA Zone Support Fee (National \$7.00 Regional \$2.00) Exempt Show Pass (not available for amateur classes) USEF \$45.00 USHJA \$30.00 Exempt Shaving, Hay , Non Showing, Misc. _____ Class Fees _____ 3% Convenience Fee _____ Total Amount Due _____ Amount Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Credit Card _____ Open Check or Complete Credit Card information required to pick up exhibitor back number _____ CCO# _____ / _____ / _____ Exp _____ / _____ C/VN# _____
Rider # 1 _____ DOB _____ USEF # _____ Street Address _____ City/State/Zip _____ Rider/Agent Signature _____ Parent Signature (for Junior riders) _____ Emergency Contact # _____	Rider # 2 _____ DOB _____ USEF # _____ Street Address _____ City/State/Zip _____ Rider/Agent Signature _____ Parent Signature (for Junior riders) _____ Emergency Contact # _____	

I hereby authorize Brave Horse to charge the credit card listed here for all amounts due with respect to this entry CREDIT CARDS INCUR A 3% CONVENIENCE FEE
 X _____ Print Card Holder's Name _____