

- Brave Horse I April 30-May4 Outreach # 1562
- Brave Horse II May 21-25 Outreach # 1571
- Brave Horse III May 28-June 1 Outreach #1564
- Brave Horse IV June 18-22 Outreach #1567
- Brave Horse V June 25-29 Outreach #1568
- Brave Horse VI July 16-20 Outreach #1570
- Brave Horse VII Aug 20-24 Outreach #1565
- Brave Horse VIII Aug 27-31 Outreach #1572
- Brave Horse IX Sept 10-14 Outreach #1563

Back #

Horse's Name	Horse's USHJA #		Sex	Size	Color	Stable With						
<b>OUTREACH CLASSES ONLY</b>	Walk Trot Equitation	Cross Rail Hunter	Cross Rail Equitation	Short Stirrup	SS Equitation	Limit Rider	LR Equitation	0.70m- 0.75m	0.80m- 0.85m	0.90m- 0.95m	Individual class #	Individual class #
Rider 1												
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 _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Horse Stalls \$200.00</td><td></td></tr> <tr><td>Tack Stalls \$ 250.00</td><td></td></tr> <tr><td>Administration Fee</td><td style="text-align: right;">\$130.00</td></tr> <tr><td>USEF Drug Testing Fee (D&amp;M \$15.00 USEF \$8.00)</td><td style="text-align: right;">Exempt</td></tr> <tr><td>USHJA Zone Support Fee (National \$10.00 Regional \$5.00)</td><td style="text-align: right;">Exempt</td></tr> <tr><td>Show Pass USHJA \$30.00</td><td style="text-align: right;">Exempt</td></tr> <tr><td>Shaving, Hay, Disposal. Non-Showing, Misc.</td><td></td></tr> <tr><td>Class Fees</td><td></td></tr> <tr><td>3% Convenience Fee</td><td></td></tr> <tr><td>Total Amount Due</td><td></td></tr> <tr><td>Amount Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Credit Card</td><td></td></tr> <tr><td colspan="2">Open Check or Complete Credit Card information required to pick up exhibitor back number</td></tr> <tr><td>CC# _____ / _____ / _____ / _____ Exp _____ / _____ CVN# _____</td><td></td></tr> </table>	Horse Stalls \$200.00		Tack Stalls \$ 250.00		Administration Fee	\$130.00	USEF Drug Testing Fee (D&M \$15.00 USEF \$8.00)	Exempt	USHJA Zone Support Fee (National \$10.00 Regional \$5.00)	Exempt	Show Pass USHJA \$30.00	Exempt	Shaving, Hay, Disposal. 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		CC# _____ / _____ / _____ / _____ Exp _____ / _____ CVN# _____	
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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 \_\_\_\_\_