

# Roanoke Valley Horse Show

Late fee after May 25 postmark

**HUNTER-JUMPER**  
**June 22-26, 2010**  
**USEF Tues - Sat.**

Mail Entry To:

**Roanoke Valley Horse Show**  
**P.O. Box 8656 • Roanoke, VA 24014**  
**540/389-7847**

Name of Horse	USEF Reg. No.	Breed	Sex	Height	Age	Color	Nom. Fee

Classes Entered	Name of Rider	Date of Birth	VHSA	NCHSA	ASPCA	MHSA	Entry Fees

## USEF ENTRY AGREEMENT

I have read the US Equestrian ("the Federation") Entry Agreement (Article 1502.4) 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 the 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 action against the Federation must be brought in New York State.

**U.S. Equestrian 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 Roanoke Valley Horse Show Competition to the following:

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 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 caused by me or my horse to others, even if the Harm resulted, 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 at the Competition.

I have read the Federation Rules about protective equipment, including GR 318 and GR 1713, 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 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 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 further AGREE to be bound by all applicable US Equestrian Rules and all terms and provisions of this entry blank.**

Parent/Guardian Signature (required if Rider/Driver/Handler/Vaulter/Longeur is a minor) \_\_\_\_\_

Print Parent/Guardian name: \_\_\_\_\_

Is Rider/Driver/Vaulter a U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

Owner or Agent (mandatory)	Rider/Driver/Handler/Vaulter/Longeur (mandatory)	2nd Rider	Trainer (mandatory)
Signature: _____	Signature: _____	Signature: _____	Signature: _____
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Address: _____	Address: _____	Address: _____	Address: _____
E-mail _____	E-mail _____	E-mail _____	E-mail _____
USEF # _____ Cell Phone _____	USEF # _____ Cell Phone _____	USEF # _____ Cell Phone _____	USEF # _____ Cell Phone _____

SSN \_\_\_\_\_ ALTERNATE PAYEE Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Full Address: \_\_\_\_\_

Total Fees from Above	\$ _____
# _____ Stalls at \$160.00	\$ _____
Stall fee required with entries	
# _____ USEF non-member fee at \$30.00	\$ _____
# _____ USHJA non-member fee at \$30.00	\$ _____
# _____ USEF Fee \$15.00	\$ _____
USEF \$8.00/Drug Fee \$7.00	
# _____ USHJA Zone Support Fee \$2	\$ _____
# _____ Late fee per horse at \$25.00	\$ _____
# _____ Office charge at \$30.00	\$ _____
# _____ Grounds fee at \$25.00 (if no stall)	\$ _____
# _____ Non-showing fee \$100	\$ _____
# _____ Camper space at \$225.00/week	\$ _____
# _____ 6 box seats at \$300.00/week	\$ _____
<b>TOTAL DUE</b>	\$ _____
Check # _____ Amount Enclosed \$ _____	

COGGINS MUST BE SHOWN IN HORSE SHOW OFFICE

Coach Sign: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 USEF #: \_\_\_\_\_