



Roanoke Valley Horse Show

Late fee after May 20 postmark

HUNTER-JUMPER June 16-20, 2009 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
			<input type="checkbox"/> 1st Green <input type="checkbox"/> 2nd Green				

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)
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Signature: _____	Signature: _____	Signature: _____	Signature: _____
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Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
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Address: _____	Address: _____	Address: _____	Address: _____
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E-mail _____	E-mail _____	E-mail _____	E-mail _____
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USEF # _____ Cell Phone _____	USEF # _____ Cell Phone _____	USEF # _____ Cell Phone _____	USEF # _____ Cell Phone _____
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SSN _____	ALTERNATE PAYEE Name: _____	SSN: _____	Full Address: _____
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	Total Fees from Above	\$ _____
# _____	Stalls at \$150.00	\$ _____
	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	
# _____	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 \$175.00/week	\$ _____
# _____	6 box seats at \$300.00/week	\$ _____
	TOTAL DUE	\$ _____
Check # _____	Amount Enclosed \$ _____	

COGGINS MUST BE SHOWN IN HORSE SHOW OFFICE

Coach Sign: _____

Name: _____

USEF #: _____



Roanoke Valley Horse Show

Late fee after May 20 postmark

SADDLEBRED

June 17-20, 2009

Mail Entry To:

Roanoke Valley Horse Show

P.O. Box 8656 • Roanoke, VA 24014

540/389-7847

Name of Horse	USEF Reg. No.	ASHA/AHHS No.	Sex	Height	Age	Color

Classes Entered	Name of Rider	Date of Birth	UPHA #	Entry Fees

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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 _____

Signature: _____ Signature: _____ Signature: _____

Print Name: _____ Print Name: _____ Print Name: _____

Address: _____ Address: _____ Address: _____

USEF # _____ Cell Phone _____ USEF # _____ Cell Phone _____ USEF # _____ Cell Phone _____ USEF # _____ Cell Phone _____

E-mail _____ E-mail _____ E-mail _____ E-mail _____

SSN _____ ALTERNATE PAYEE Name: _____ SSN: _____ Full Address: _____

Total Fees from Above	\$ _____
# _____ Stalls at \$130.00	\$ _____
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	
# _____ 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 \$175.00/week	\$ _____
# _____ 6 box seats at \$300.00/week	\$ _____
TOTAL DUE	\$ _____
Check # _____ Amount Enclosed \$ _____	

COGGINS MUST BE SHOWN IN HORSE SHOW OFFICE

Coach Sign: _____

Name: _____

USEF #: _____

Trainer (mandatory)

AHSA #: _____

Signature: _____

Print Name: _____

Address: _____



Roanoke Valley Horse Show

MONDAY JUNE 15, 2009
USEF Non Recognized Only

Mail to: Roanoke Valley Horse Show
 PO Box 8656
 Roanoke, VA 24014
 540/389-7847

Name of Horse			Color	Rider 1 Name	D.O.B.	Division	Class #'s					
Breed			Height	Foal Date	Sex	Rider 2 Name	D.O.B.	Division	Class #'s			

IMPORTANT NOTE: If showing on Monday and showing during the USEF Show each horse **MUST** fill out two entry blanks (one for Monday and one for the USEF show). However, such entries will only pay once for the stall, office fee, grounds fee, and any late fees and will receive one number for both shows.

In an effort to speed up check-in time, please attach copies of registration papers and coggins. Each Horse **MUST** have a current negative coggins on file in the horse show office before numbers will be released.

TOTAL ENTRY FEES	
Late Penalty \$25.00 Postmarked after May 30th	
Office Charge \$30.00	
# Week Stalls _____ X \$150.00	
Non-showing Horse @ \$100.00	
Camper space @ \$175.00/Week	
Check # _____ Amount Enclosed (Signed Open Check or Full Payment Required)	

I AGREE NEITHER THE ROANOKE VALLEY HORSE SHOW, SALEM CIVIC CENTER, ROANOKE VALLEY HORSEMENS ASSOCIATION, TRIANGLE FARMS, INC., NOR THE MANAGEMENT, OFFICIALS, SHOW COMMITTEE AND/OR STAFF OF THE SHOW WILL BE RESPONSIBLE FOR ANY ACCIDENT, DAMAGE, LOSS OR INJURY TO MOUNT, OWNER, RIDER OR OTHER PERSONS OR PROPERTY. IT WILL BE THE CONDITION OF ENTRY THAT EACH EXHIBITOR SHALL HOLD THE HORSE SHOW AND ITS MANAGEMENT BLAMELESS FOR ANY LOSS OR ACCIDENT TO ANY ANIMAL, PERSON OR PROPERTY THAT MAY OCCUR FROM SICKNESS, FIRE AND OTHERWISE AT THIS SHOW.

X _____
 Owner Signature (Parent /Guardian/Trainer if under 18)

Name _____
 Street _____
 City/ST/Zip _____
 Cell Phone _____
 E-mail _____

X _____
 Trainer Signature

Name _____
 Street _____
 City/ST/Zip _____
 Cell Phone _____
 E-mail _____

X _____
 Rider 2 Signature (Parent /Guardian/Trainer if under 18)

Name _____
 Street _____
 City/ST/Zip _____
 Cell Phone _____
 E-mail _____

X _____
 Rider 1 Signature (Parent /Guardian/Trainer if under 18)

Name _____
 Street _____
 City/ST/Zip _____
 Cell Phone _____
 E-mail _____