Office Use Only

Verdugo Hills Shows 2019 []VH January~~~January 18-20 []VH M

[]VH March Fling~~~March 15-17

Mail: Verdugo Hills Horse Shows, 2570 Oakshore Drive, Westlake Village, CA 91361 • Email: melessa@langershows.com • Entry closing dates 1/7/2019 & 3/4/2019

Horse's Name:				USHJA #:	Fees Due With This Ent	<u>ntry</u>	UNITED STATES EQUESTRIAN FEDERATION ENTRY AGREEMENT By entering a Federation-licensed Competition and signing this entry blank as the Owner,	
Breed: Color:	Age: Sex:	Height:	Microc	hip#	1 Registration Fee @ \$150	Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulter or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am		
Green Status:	Che	ck Horse / Pony S	Size: []Sı	mall [] Medium [] Large	_	\$ \$	subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the 'Federation') and the local rules of the competition. I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing	
Owner's Name: USEF/USHJA #:					RV @\$200 \$	\$	Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken	
Address:				Haul -In HDEC Boarder			under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or	
City: State: Zip:				JS Citizen: [] Yes [] No	Total Amount Due \$		assign photographs, videos, audios, cablecasts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion,	
SSN or Fed Tax ID # (for prize money):					Make checks payable to Verdugo Hills Horse Shows. Credit card form may be found at landgershows.com.	coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevoatby waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the		
Email Address:				Phone:	Credit Card on File YES NO			
rainer's Name: USEF/US				IJA #:			laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.	
darn / Farm Name:					Other Possible Fees Due At 1	The Show	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 Competition to the following: I AGREE that 'the Federation' and 'Competition' as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel,	
ddress:				ffice Use: Card S/P JAS Amateur	USEF Fee @ \$23 (Drugs & Med \$15/USEF\$8) USHJA Fee @ \$7 / PCHA Fee @ \$3			
ity: State: Zip:			l	JS Citizen: [] Yes [] No	LAHJA Fee @ \$3 / SFHJA Fee @ \$3 CA Drug @ \$5 / Haul In \$65/day		wolunteers and Federation affiliates. 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	
mail Address:			F	Phone:				
Rider 1 Name: USEF/USHJA #:				IJA #:	Sections / Classes For Rider 1	der 1		
Address:				ffice Use: [] Card [] S/P [] JAS [] Amateur				
City: State: Zip:				JS Citizen: [] Yes [] No			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	
Email Address:							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	
JSEF Show Age	PCHA #:	LAHJA #:	P	hone:			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	
Rider 2 Name: USEF/US				IJA #:	Sections / Classes For Rider 2		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 accidentinjury report form. BY SIGNING	
Address:				ffice Use: [] Card [] S/P [] JAS [] Amateur				
Sity: State: Zip:			ι	JS Citizen: [] Yes [] No			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	
Email Address:							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. By signing below I also agree to the release on the back of this page.	
JSEF Show Age:	PCHA #:	LAHJA #:	F	Phone:			Owner Signature:	
Rider 3 Name: USEF/U:			USEF/USH	IJA #:	Sections / Classes For Rider 3		Trainer Signature:	
mail Address:			ι	JS Citizen: []Yes [] No			Rider 1 Signature:	
JSEF Show Age:	PCHA #:	LAHJA #:	(Office Use: []Card []S/P []JAS []Amateur			Rider 2 Signature:	
Prize Money Payee (if other than owner):					Office Use Only		Rider 3 Signature:	
ddress: SSN or Fed Tax				SSN or Fed Tax ID #:	Entry Postmarked// Amount Received: \$		Parent / Adult Guardian Sign & Print Name (if any riders are minors):	
ity: State: Zip:				Signature:				
Emergency Contact (during the show) - Name: Phone: ()					Check #:CC Discount yes no			