

RMI \_\_\_\_\_ SHOW

DATE: \_\_\_\_\_

PLEASE STABLE WITH: \_\_\_\_\_

Closing Date: \_\_\_\_\_

ENTER ONLINE AND SAVE YOUR INFORMATION AT [www.rushshows.com](http://www.rushshows.com)

Name of Horse	USEF HID/REC #	Color	Age	Sex	Height	Size	Green Year	PreGreen
							1 OR 2	3' OR 3'3"
Classes Entered	Name of Rider		Age		USEF #		ASPCA #	NAME FOR PRIZE MONEY \$
	1 <sup>st</sup> Rider							
								<b>Social Security or FED ID #:</b>
	2 <sup>nd</sup> Rider							

Emergency Contact Person/Telephone Number: \_\_\_\_\_

**Federation Entry Agreement**

I have read the United States Equestrian, Federation, Inc. (the "Federation") Entry Agreement (GR 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 actions against the Federation must be brought in the New York State. ANY ACTION INSTITUTED AGAINST THIS COMPETITION or COMPETITION MANAGEMENT, INCLUDING ITS PRINCIPALS AND AGENTS, MUST BE FILED IN THE STATE OF FLORIDA.

**Federation 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 I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, 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"). Under the state Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.  
 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 GR318 and EV113, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages that I do so while WARNING that no protective equipment can guard against all injuries.  
 I understand that under the state Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.  
 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, affiliated organizations and competition management.  
 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 accident/injury report forms.  
 BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

**MAKE CHECKS PAYABLE TO:**

Rush Management, Inc.  
 2344 Laurel Road  
 Jacksonville, FL 32207  
 904-396-4106 (fax & phone)  
**Open Check Required to Pick-Up #**

Prepaid Stall # \_\_\_\_\_ \$ \_\_\_\_\_  
 Stall Fee # \_\_\_\_\_ \$ \_\_\_\_\_  
 Shavings # \_\_\_\_\_ \$ \_\_\_\_\_  
 RV /night # \_\_\_\_\_ \$ \_\_\_\_\_  
 Office Fee \$ \_\_\_\_\_  
 USEF(D&M \$7, USE \$8) \$ 15  
 USEF Non Member \$ 30  
 USHJA Non Member \$ 20  
 Non-Showing Horse \$ \_\_\_\_\_  
 Non-Stabled Horse \$ \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

**OTHER FEES MAY APPLY AND WILL BE CALCULATED AT SHOW OFFICE; READ THE PRIZE LIST AND USEF RULE BOOK**

Coach's name \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 \_\_\_\_\_

OWNER/AGENT		TRAINER		RIDER I		RIDER II	
signature:		signature:		signature:		signature:	
Name:		Name:		Name:		Name:	
Address		Address		Address		Address	
City		City		City		City	
State	ZIP	State	ZIP	State	ZIP	State	ZIP
Telephone#		Telephone#		Telephone#		Telephone#	
Email:		Email:		Email:		Email:	
USEF#		USEF#		USEF#		USEF#	