

**ALL AMERICAN HORSE CLASSIC**

SEPT 8 - 12, 2015

ENTRIES CLOSE: **AUGUST 10, 2015**

OWNER'S NAME \_\_\_\_\_

TRAINER'S NAME \_\_\_\_\_

**SHOW SECRETARY: JUDY McMANAMA, 11930 E 211TH ST, NOBLESVILLE IN 46060 Phone: 317-773-3931**

Please type or print. **Only one owner per entry form.** All entries must be complete. Enclose correct fee, copies of registration papers, purchase contract (if applicable), measurement card, USEF membership cards for each rider, driver, handler, owner, trainer, coach, and amateur certification (if applicable). Owners and trainers of Saddlebreds, Hackneys and Roadsters enclose a copy of ASHA, AHHS and ARHPA membership cards.

	NAME OF HORSE/PONY	REG NO.	HORSE USEF RECORDING #	SEX	COLOR	HEIGHT	YOB
<b>Sire:</b>		<b>Dam:</b>					
RIDER/DRIVER/HANDLER			JR EXHIB DOB	CLASS NUMBERS		ENTRY FEE	
	NAME OF HORSE/PONY	REG NO.	HORSE USEF RECORDING #	SEX	COLOR	HEIGHT	YOB
<b>Sire:</b>		<b>Dam:</b>					
RIDER/DRIVER/HANDLER			JR EXHIB DOB	CLASS NUMBERS		ENTRY FEE	
	NAME OF HORSE/PONY	REG NO.	HORSE USEF RECORDING #	SEX	COLOR	HEIGHT	YOB
<b>Sire:</b>		<b>Dam:</b>					
RIDER/DRIVER/HANDLER			JR EXHIB DOB	CLASS NUMBERS		ENTRY FEE	

Each person signing this entry form acknowledges that he/she has read the front and reverse side of this entry form and agrees to the applicable forms, conditions, waivers and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

Stable With: \_\_\_\_\_  
 Horse Arrival Date \_\_\_\_\_  
 Horse Departure Date \_\_\_\_\_  
 Trainer's Hotel \_\_\_\_\_  
 Emergency Contact Number \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

Check  Visa  MasterCard  Discover  
 Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
     
 Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Printed Name On Card \_\_\_\_\_  
 Street Address of Card \_\_\_\_\_  
 Signature: \_\_\_\_\_

**TOTAL ENTRY FEES** \_\_\_\_\_  
**POST ENTRY FEES** \_\_\_\_\_  
 \_\_\_\_\_ \$25 Per Horse \_\_\_\_\_  
**STALLS** \_\_\_\_\_  
 \_\_\_\_\_ @ \$120 ea \_\_\_\_\_  
 \_\_\_\_\_ Tack @ \$120 ea \_\_\_\_\_  
 \_\_\_\_\_ HHF Futurity @ \$85 \_\_\_\_\_  
**USEF FEE (Drug + USEF Fee)** \_\_\_\_\_  
 \_\_\_\_\_ Horses @ \$16 ea \_\_\_\_\_  
**USEF SHOW PASS** \_\_\_\_\_  
 \_\_\_\_\_ People @ \$30ea \_\_\_\_\_  
**VEHICLE PASS** \_\_\_\_\_ @ \$15 ea \_\_\_\_\_  
**OFFICE FEE** \_\_\_\_\_ @ \$25 PER HORSE \_\_\_\_\_  
**BOX SEATS** \_\_\_\_\_ @ \$150 PER 6 SEATS \_\_\_\_\_  
**TOTAL DUE:** \_\_\_\_\_



**PLEASE COMPLETE REVERSE SIDE**  
 FILL IN ALL INFORMATION ON BOTH SIDES INCLUDING EMAIL ADDRESSES AND EMERGENCY/CELL PHONE NUMBERS

**MAKE CHECKS PAYABLE TO:**  
**ALL AMERICAN HORSE CLASSIC**

## FEDERATION ENTRY AGREEMENT

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of The All American Horse Classic (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 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 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 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, 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 irrevocably 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 laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4

### 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 the 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, volunteers and Federation affiliates.

**I AGREE** that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaultor, 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 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 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 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 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 form.

**BY SIGNING BELOW, I AGREE** to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and all provisions of this Prize List. If I am signing and 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.

**Owner (Mandatory)**

Parent/Guardian/Agent if exhibitor is a minor

**Trainer (Mandatory)**

Parent/Guardian/Agent if exhibitor is a minor

**Rider/Driver/Handler/Agent (Mandatory)**

\*Parent/Guardian/Agent if exhibitor is a minor

U.S. Citizen \_\_\_ Y \_\_\_ N

**Ricer or Coach (If applicable)**

\*Parent/Guardian/Agent if exhibitor is a minor

U.S. Citizen \_\_\_ Y \_\_\_ N

Signature \_\_\_\_\_

Owner

Signature \_\_\_\_\_

Trainer

Signature \_\_\_\_\_

Rider

Signature \_\_\_\_\_

Rider or Coach

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

SS # \_\_\_\_\_

USEF# \_\_\_\_\_ ASHA# \_\_\_\_\_

USEF# \_\_\_\_\_ ASHA# \_\_\_\_\_

USEF # \_\_\_\_\_ UPHA # \_\_\_\_\_

USEF # \_\_\_\_\_ UPHA # \_\_\_\_\_

AHHS # \_\_\_\_\_ ARHPA # \_\_\_\_\_

AHHS # \_\_\_\_\_ ARHPA # \_\_\_\_\_

AHHS # \_\_\_\_\_ ARHPA # \_\_\_\_\_

AHHS # \_\_\_\_\_ ARHPA # \_\_\_\_\_