

2019 KESWICK HORSE SHOW

Make checks payable to: Keswick Hunter Jumper Foundation, Inc. and mail to: 818 Old Providence Rd., Spottswood, VA 24476

TRAINER STABLE FORM DUE EARLY

HORSE				RIDER #1		RIDER #2		ASPCA #		VHSA #		RIDER DATE OF BIRTH											
COLOR	SEX	HEIGHT	AGE	BREED	USEF REC. #	ASPCA #	VHSA #	RIDER DATE OF BIRTH	(PUT #1 FOR REGULAR RIDER AND #2 FOR ALTERNATE RIDER)														
36" A/O OLD	33" A/O OLD	33" A/O YGR	33" JR (Y) HTR	33" JR (O) HTR	YNG SM JR	YNG LG JR	YNG LG PNY	SM MED LG PNY	YNG CH CH	YNG A/A A/A	MID A/A A/A	MM CH PNY	LG CH PNY	GRN CONE	GRN 3'	GRN 3'6"	GRN 3'9"	H.P. HTR	HP CONF HTR	3'3"	3'6"	3'6"	3'6"

36" A/O OLD	33" A/O OLD	33" A/O YGR	33" JR (Y) HTR	33" JR (O) HTR	YNG SM JR	YNG LG JR	YNG LG PNY	SM MED LG PNY	YNG CH CH	YNG A/A A/A	MID A/A A/A	MM CH PNY	LG CH PNY	GRN CONE	GRN 3'	GRN 3'6"	GRN 3'9"	H.P. HTR	HP CONF HTR	3'3"	3'6"	3'6"	3'6"
TAKES2	TB HTR	LOW HTR	SS HTR	CH/AD HTR	LOC AM 26"	LOC 3'	LOC JR	LOC PNY	LOC OLD	3, 4, 5 YR	EQUITATION, JUMPERS AND NON-DIVISION CLASS NUMBERS												

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (G1906/4) 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 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 New York State.

ONLINE ENTRIES AVAILABLE AT HORSESHOWSONLINE.COM

Release, Assumption of Risk, Waiver and Indemnification
 This document waives, supports and 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 above include all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
 I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, valet, jockey, fess, 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 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 ANSI and, if applicable, EN114 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 WAKENING that no protective equipment can guard against all injuries.
 I am a parent or guardian of a junior exhibitor, I consent to the child's participation 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.

Coach (if applicable)
 Signature: _____
 Print Name: _____
 USEF # _____

Trainer (mandatory)
 Signature: _____
 Print Name: _____
 USEF # _____

Late Fee: \$35
 For entries POSTMARKED after 5/31/19

Paid \$ _____ Check # _____

COGGINS MUST BE DELIVERED TO HORSE SHOW OFFICE

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Valet/Jockey is a minor) _____
 Print Parent/Guardian Name: _____
 Is Rider/Driver/Valet a U.S. Citizen: Yes _____ No _____
 Emergency Contact Phone Number: _____
 Stable with (list TRAINER'S OR FRIEND'S LAST NAME, NOT FARM NAME): _____

EMERGENCY CONTACT NUMBER: _____

Owner or Agent (mandatory)
 Signature: _____
 Print Name: _____
 Address: _____
 USEF # _____ Phone _____ Cell _____

RIDER I/Handler (mandatory)
 Signature: _____
 Print Name: _____
 Address: _____
 USEF # _____ Phone _____ Cell _____

RIDER II/Handler (mandatory)
 Signature: _____
 Print Name: _____
 Address: _____
 USEF # _____ Phone _____ Cell _____

Alternate Payee: _____
 NAME _____ SSN _____ FULL ADDRESS _____