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| Entry # _____ | CHECK SHOWS YOU PLAN ON ATTENDING: <input type="checkbox"/> SPG I <input type="checkbox"/> SPG II <input type="checkbox"/> SPG III <input type="checkbox"/> SPG IV <input type="checkbox"/> SPG V <input type="checkbox"/> SPG VI <input type="checkbox"/> MAY I <input type="checkbox"/> MAY II <input type="checkbox"/> MAY III <input type="checkbox"/> MAY IV | CLOSING DATES SPG I, II, III - MAR 15, SPG IV, V, VI - APR 4 MAY I, II - APR 25, MAY III, IV - MAY 8 | SPRING 2017 SERIES Tryon Horse Shows, LLC |
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MAIL ENTRIES TO: Horse Show Office, Tryon International Equestrian Center, 25 International Blvd., Mill Spring NC 28756 **MAKE CHECKS PAYABLE TO:** Tryon Horse Shows LLC
HORSE SHOW OFFICE: 828-863-1005 **STABLING/STALL RESERVATIONS:** 828-863-1003

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|------------------|--------------|--------------|------------|--------------------------|--------|-----|
| NAME OF HORSE | USEF/USHJA # | BREED | COLOR | SEX | HEIGHT | AGE |
| HORSE PASSPORT # | SIRE | DAM | DAM'S SIRE | | | |
| NAME OF RIDER | NATIONALITY | USEF/USHJA # | DOB | SECTIONS/CLASSES ENTERED | | |
| 1st Rider | | | | | | |
| 2nd Rider | | | | | | |

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| CREDIT CARD INFORMATION |
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card <input type="checkbox"/> Amex # _____ - _____ - _____ - _____ Expiration Date: _____ / _____ CVV Code: _____ Card Holder's Name: _____ Signature: _____ Address: _____ City/State/Zip: _____ |

United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for the Tryon Spring Series, 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.

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 Tryon Spring Series, to the following:
 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 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 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 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.

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| # _____ Stalls \$250 except Spr I,II,III Stalls \$225 | |
| # _____ FEI Extra Stalls @\$300 | |
| Grounds Fee (if no stall) @ \$50 | |
| Nom. Fee \$210 except Spr I,II,III Nom Fee \$175 | |
| USEF (Non-Member) Show Pass @ \$30 | |
| USHJA (Non-Member) Show Pass @ \$30 | |
| USEF Fee (\$8 Drug & Medication/\$8 USEF) | \$16 |
| USHJA Fee @ \$2/B; \$7/A, AA | |
| OFFICE FEE @ \$50 | \$50 |
| LATE FEE @ \$50 | |
| NON-SHOWING FEE @ \$50 | |
| Equine Nighttime Security | \$10 |
| Ambulance Fee | \$15 |
| TOTAL | |
| In Case of Emergency during the show contact # | |

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|----------------------|----------------------|----------------------|----------------------------------|
| Owner/Agent | Trainer | Rider 1 | Coach (if applicable) or Rider 2 |
| Signature _____ | Signature _____ | Signature _____ | Signature _____ |
| 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 (_____) _____ | Phone (_____) _____ | Phone (_____) _____ |
| USEF # _____ | USEF # _____ | USEF # _____ | USEF # _____ |
| Email Address: _____ | Email Address: _____ | Email Address: _____ | Email Address: _____ |

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| PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED | Taxpayer Name (must coincide with SS# or EIN#) _____ Social Security # or Federal ID # _____ | Prize Money Payee Address _____ _____ | Stable With: _____ |
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