Entry #

CHECK SHOWS YOU PLAN ON ATTENDING:
❑ SUMMER 1 ❑ SUMMER 2 ❑ SUMMER 3 ❑ SUMMER 4
❑ SUMMER 5 ❑ SUMMER 6

CLOSING DATES
SUMMER1,2-JUNE 5 SUMMER 3,4-JUNE 13
SUMMER 5,6 -JUNE 27

SUMMER 2018 SERIES
Tryon Horse Shows, LLC

MAIL ENTRIES TO: Horse Show Office, Tryon International Equestrian Center, 25 International Blvd., Mill Spring NC 28756
HORSE SHOW ENTRY OFFICE: 828-863-1005 **STABLING/STALL RESERVATIONS:** 828-863-1003

MAKE CHECKS PAYABLE TO: Tryon Horse Shows LLC or complete CC Information below:

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/FEI
1st Rider				
2nd Rider				

CREDIT CARD INFORMATION

❑ Visa ❑ MasterCard ❑ Discover Card ❑ 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 Summer 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 waive s important legal rights. Read it carefully before signing.

I **AGREE** in consideration for my participation in the Tryon Summer 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 elecronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand. (Parent/Guardian must sign for minor owner/rider.)

#_____Stalls $250 except Summer 1,2-Stalls $175	
# _____FEI Stall; _____Extra (if available) @$300	
Grounds Fee (if no stall) @ $40	
Nom Fee $225 except Summer1,2-Nom Fee $185	
USEF (Non-Member) Show Pass @ $45	
USHJA (Non-Member) Show Pass @ $30	
USEF Fee ($15 Drug & Medication/$8 USEF)	$23
USHJA Fee @ $2/B; $7/AA	
Office Fee @ $50	$50
Late Fee @ $50	
Non-Showing Fee @ $40	
Equine Nightime Security	$10
Ambulance Fee	$15
TOTAL	

In Case of Emergency during the show contact #

Owner/Agent	Trainer	Rider 1	Rider 2 or Coach (if applicable)
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: _____

TAXPAYER INFORMATION IS REQUIRED IN ORDER FOR PRIZE MONEY TO BE APPLIED

_____
Taxpayer Name (must coincide with SS# or EIN#)

_____
Social Security # or Federal ID #

Prize Money Payee Address

_____

_____

Stable With: