

ORLANDO DRESSAGE, INC.

2018

Official Use Only  
BRIDLE #

COMPETITION NAME \_\_\_\_\_ COMPETITION DATES \_\_\_\_\_

NAME OF HORSE		PREVIOUS NAME (IF ANY)		USEF#	USDF#	FOR SALE
BREED	SEX	HEIGHT	COLOR	COGGINS DATE (ENCLOSED COPY)	SIRE	DAM
DAM'S SIRE	COUNTRY OF BIRTH	YEAR OF BIRTH	BREEDER	FEI/PASSPORT #	GROOM	

**RIDER/HANDLER** \_\_\_\_\_  
 USEF# \_\_\_\_\_ USDF# \_\_\_\_\_ FEI/LOCAL# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/ST/ZIP \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_ JR/YOUNG RIDER BIRTHDAY \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 RIDER CITIZENSHIP (IF NOT USA) \_\_\_\_\_  
 RIDER STATUS (CIRCLE ONE): JR/YG AA OPEN

**OWNER** \_\_\_\_\_  
 USEF# \_\_\_\_\_ USDF# \_\_\_\_\_ LOCAL# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/ST/ZIP \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 OWNER CITIZENSHIP (IF NOT USA) \_\_\_\_\_

**TRAINER** \_\_\_\_\_  
 USEF# \_\_\_\_\_ USDF# \_\_\_\_\_ LOCAL# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/ST/ZIP \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

**COACH** \_\_\_\_\_  
 USEF# \_\_\_\_\_ USDF# \_\_\_\_\_ LOCAL# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/ST/ZIP \_\_\_\_\_

Please Fill Out Both Sides of This Form. Reverse side MUST be SIGNED.

CLASS No.	DIVISION	CLASS DESCRIPTION	QUAL Y/N	FEES

SUBTOTAL CLASS FEES AND QUALIFYING FEES		
USEF Show Pass FEES \$45 PER NON-MEMBER		
USDF NON MEMBER FEE \$35 PER NON-MEMBER		
OFFICE FEE AND/OR BRIDLE # FEE		\$45
USEF HORSE FEES \$8 USEF FEE + \$15 DRUG FEE = \$23.00		\$23
CDI HORSE FEES \$8 USEF FEE + \$25 DRUG FEE = \$33.00		N/A
IHP DISCIPLINE FEE (\$35 IF REQUIRED)		N/A
STABLING FEES _____ STALL @ \$105/135 STALL		
TACK STALLS _____ STALL @ \$105/135 STALL		
BEDDING _____ BALES @ \$ _____ /BALE		
NON COMPETING HORSE FEE \$50		
SPONSORSHIP		
GROUNDS FEE OR OTHER FEES \$30		
OTHER _____		
LATE/CHANGE/BANK CHARGES FOR CC \$10		
<b>TOTAL FEES</b>		

**Stabling Information & Special Requests:** Please list only ONE name (either individual or barn) for entire group (so we can get everyone together)

Group/Self	Tue	Wed	Thu	Fri	Sat	Sun	Mon
Stalls							
Tack Stalls							

Stable Group: \_\_\_\_\_ Contact: \_\_\_\_\_

I hereby agree to release, indemnify and hold harmless USDF, its instructors, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities. I also hereby agree to release, indemnify and hold harmless the competition licensee, show management, competition staff, show committee and members, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities.

**Federation Entry Agreement Effective**

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 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, cable-casts, 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 this 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 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 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. Copied from USEF website 11/14/2013

OWNER'S/AGENT'S SIGNATURE (MANDATORY)	RIDER/HANDLER SIGNATURE (MANDATORY)	TRAINER'S SIGNATURE (MANDATORY)	COACH'S SIGNATURE (IF APPLICABLE)
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PRINT NAME	PRINT NAME	PRINT NAME	PRINT NAME
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PARENT/GUARDIAN SIGNATURE IF RIDER/DRIVER/TRAINER/HANDLER/VAULTER/LONGEUR IS UNDER 18	PRINT PARENT/GUARDIAN NAME
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**RIDER EMERGENCY CONTACT INFORMATION**

NAME OF CONTACT/RELATIONSHIP:	PHONE:
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**FILL OUT ONLY IF THE COMPETITION YOU ENTER ON THIS ENTRY FORM OFFERS CERTAIN USE OF CHARGE CARDS!!**  
(Check in the prize list or individual competition requirements)

VISA       AMEX      CARD NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      EXP DATE \_\_\_\_\_

MasterCard       Other \_\_\_\_\_      NAME ON CARD: \_\_\_\_\_      CVV # \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_      ZIP CODE \_\_\_\_\_