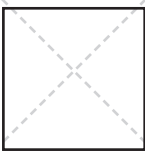


# ONE OWNER PER ENTRY BLANK – Entries Close October 7th

Enclose copy of registration papers showing proof of current ownership for each entry, plus copy of current USEF membership card for each owner/exhibitor/trainer and copy of ASHA membership card for each owner/exhibitor/trainer. (Miscellaneous and Walk/Trot classes exempt.) All horses must have a negative Coggins test within the past 12 months, and proof of Rhinopneumonitis (Rhino/flu) vaccination within 6 months of entering stables. See USEF rule: GR845 for complete rule.



**\$35 CHARGE FOR EACH INCOMPLETE ENTRY**

OWNER'S NAME \_\_\_\_\_ USEF# \_\_\_\_\_

	Name of Horse	Age	Color	Sex	Ht.	Reg. #	Rider/Driver Name	USEF #	Class	Class	Class	Class	Total Fees
									Fee	Fee	Fee	Fee	

	Name of Equitation Rider	City & State	Rider's Age			USEF #	Class	Class	Class	Class	Total Fees
			Age	Color	Sex		Fee	Fee	Fee	Fee	
	Name of Equitation Horse					Reg. #					
	Name of Equitation Rider	City & State	Rider's Age			USEF #	Class	Class	Class	Class	Total Fees
	Name of Equitation Horse		Age	Color	Sex	Reg. #	Fee	Fee	Fee	Fee	

**FOR COMPETITION'S USE:**

Ck # _____	Ck Amt. _____
Date Rec. _____	Monies Over _____
	Monies Under _____
EB# _____	

Make checks payable to:  
**Mid-America Horse Show Assn.**  
 \_\_\_\_\_  
**Mail entries to:**  
**Cheryl Rangel, Show Secretary**  
**1101 Peace Drive**  
**Wheeling, IL 60090**  
**Ph: 847-537-4743 (days)**  
**Fax: 847-537-4758 (days)**  
**Email: tracesct@aol.com**

Stable With: \_\_\_\_\_  
 Arrival Date (Horses): \_\_\_\_\_  
 Emergency Cell Number (required): \_\_\_\_\_  
 Email Address (required): \_\_\_\_\_

**Where did The Good Hands Adult Finals rider qualify?**

Show \_\_\_\_\_ City/State \_\_\_\_\_

- TOTAL ENTRY FEES** . . . . . \$ \_\_\_\_\_
- # \_\_\_\_\_ Post Entries: \$50 per horse/pony entered after Oct. 7th . . . . . \_\_\_\_\_
  - # \_\_\_\_\_ Box Stalls @ \$130 . . . . . \_\_\_\_\_
  - # \_\_\_\_\_ Tack Stalls @ \$130 . . . . . \_\_\_\_\_
  - # \_\_\_\_\_ USEF Drug Fee @ \$16 per horse (Mandatory Charge) . . . . . \_\_\_\_\_
  - # \_\_\_\_\_ USEF Show Pass (non-member) Fee @ \$30 . . . . . \_\_\_\_\_
  - # \_\_\_\_\_ Office Fee @ \$30 per horse (Mandatory Charge) . . . . . \_\_\_\_\_
  - # \_\_\_\_\_ Ringside Box (six seats): \$100 . . . . . \_\_\_\_\_
  - # \_\_\_\_\_ Mid-America Dues, Enrollments . . . . . \_\_\_\_\_
  - # \_\_\_\_\_ TBA class sponsorship @ \$125 . . . . . \_\_\_\_\_
  - # \_\_\_\_\_ Sponsorship of Saturday Night Party Food Station
  - Gold Sponsor @ \$550  Silver Sponsor @ \$275 . . . . . \_\_\_\_\_

**TOTAL CHARGES** . . . . . \$ \_\_\_\_\_

**Signatures required on REVERSE side – NO entries will be accepted without required signatures. PLEASE COMPLETE BOTH SIDES OF THIS ENTRY BLANK.**

# SIGNATURES REQUIRED IN THREE (3) PLACES (at X) BELOW

**Entries Not Signed Will Not Be Accepted • Carefully Read This Agreement Before Signing!**

**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, 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.

**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, Vaulter 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 Mane Event Horse Show (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.

Rider/Driver/Handler/Vaulter/Longeur (mandatory)	Owner/Agent (mandatory) Signature	Trainer (mandatory) Signature	Coach (if applicable) Signature
Signature: _____	Signature: _____	Signature: _____	Signature: _____
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Street: _____	Street: _____	Street: _____	Street: _____
City: _____	City: _____	City: _____	City: _____
State/Zip: _____	State/Zip: _____	State/Zip: _____	State/Zip: _____
Telephone: _____	Telephone: _____	Telephone: _____	Telephone: _____
Fax: _____	Fax: _____	Fax: _____	Fax: _____
Email: _____	Email: _____	Email: _____	Email: _____
Rider/Driver/Handler’s USEF #: _____	Owner’s USEF #: _____	Trainer’s USEF #: _____	Coach’s USEF #: _____
Rider/Driver/Handler’s ASHA #: _____	Owner’s ASHA #: _____	Trainer’s ASHA #: _____	Coach’s ASHA #: _____
If more than one, attach signed copy of this page.	Agent’s USEF #: _____	UPHA #: _____	UPHA #: _____

**Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor)** \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Is Rider/Driver/Vaulter a U.S. Citizen:     Yes     No

**COMPLETE BOTH SIDES OF THIS FORM**