WEEK 1

ATLANTA SPRING CLASSIC I

USEF AA

March 24–28, 2010

Entry Closing Date: February 25, 2010

Make checks payable to: Classic Company, Ltd.
Mail Entries to: Classic Company LTD
P.O. Box 1311, Johns Island, South Carolina, 29457

We honor: ❑ MasterCard® ❑ VISA® ❑ American Express®

Expiration Date
Month/Year

Card Holder's name

Signature

Street/P.O. Box

City/State/Zip

NAME OF HORSE	USEF/USHJA REGISTRATION #	BREED	COLOR	SEX	HEIGHT	AGE

CLASSES ENTERED	NAME OF RIDER	AGE	RIDER'S USEF/USHJA #	ASPCA #
1st Green	*1st Rider U.S. Citizen? ❑ Yes ❑ No*			
2nd Green	*2nd Rider U.S. Citizen? ❑ Yes ❑ No*			

Please stable with (Trainer's Name):

In case of emergency during the show contact number:

UNITED STATES EQUESTRIAN FEDERATION, INC. 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 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 Atlanta Spring Classic 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 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 inju ry 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.

Trainer's, owner's and rider's signature blanks MUST be signed. If owner/exhibitor is trainer, sign both places. Trainer must be over 18 years of age. If rider is under 18, parent, guardian, trainer or agent must sign.

____ Stalls @ $200/wk _____

____ Drug ($7)/USEF ($8)/USHJA ($2) Fee @ $17 _____

____ Service Fee @ $35 _____

____ USEF Non-Member Fee @ $30 _____

____ USHJA Non-Member Fee @ $30 _____

____ Late Entry Fee @ $25 _____

____ Grounds Fee @ $40 _____

____ Equine Nighttime Security @ $12 _____

____ Non-Showing Fee @ $25 _____

Owner/Agent Signature _____
Owner's Name _____
Address _____
City _____
State _____ Zip _____
Telephone (_____) _____
Owner's USEF # _____

Trainer Signature _____
Trainer's Name _____
Address _____
City _____
State _____ Zip _____
Telephone (_____) _____
Trainer's USEF # _____

Rider 1 Signature _____
Rider's Name _____
Address _____
City _____
State _____ Zip _____
Telephone (_____) _____
Rider's USEF # _____

Rider 2 Signature _____
Rider's Name _____
Address _____
City _____
State _____ Zip _____
Telephone (_____) _____
Rider's USEF # _____

PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!

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

Social Security Number or Federal ID Number

Prize Money Payee Address

WEEK 2

ATLANTA SPRING CLASSIC II

USEF AA

March 30–April 3, 2010

Entry Closing Date: February 25, 2010

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Expiration Date ____/____ Month/Year

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Card Holder's name _____

Signature _____

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____ Equine Nighttime Security @ $12 _____
____ Non-Showing Fee @ $25 _____

Owner/Agent Signature _____
Owner's Name _____
Address _____
City _____
State _____ Zip _____
Telephone (_____) _____
Owner's USEF # _____

Trainer Signature _____
Trainer's Name _____
Address _____
City _____
State _____ Zip _____
Telephone (_____) _____
Trainer's USEF # _____

Rider 1 Signature _____
Rider's Name _____
Address _____
City _____
State _____ Zip _____
Telephone (_____) _____
Rider's USEF # _____

Rider 2 Signature _____
Rider's Name _____
Address _____
City _____
State _____ Zip _____
Telephone (_____) _____
Rider's USEF # _____

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