

# TRYON FALL CLASSIC

## SEPTEMBER 24-26, 2010

Make checks payable to: Classic Company, Ltd.  
Mail Entries to:



P.O. Box 1311, Johns Island, South Carolina, 29457

For Office Use Only

Entry Closing Date: September 3, 2010 USEF A Rated

Name of Horse	USEF/USHJA Reg. #	Breed	Color	Sex	Height	Age

  

Classes Entered	Name of Rider	Age	Rider's USEF/USHJA #	ASPCA #

### 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, 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 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, 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 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 Tryon Fall Classic to the following:

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 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 caused by me or my horse to others, even if the Harm 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 at the Competition. I have read the Federation Rules about protective equipment, including GR801 and EV113, 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 assume all of the obligations of this Release on the child's behalf.

I AGREE that "the Federation" and "Competition" as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

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.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition. 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.

**BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.**

Owner/Agent Signature* _____	Trainer/Agent Signature* _____	Rider/Driver/Handler Signature* _____
Owner's Name (please print) _____	Trainer's Name (please print) _____	Rider's Name (please print) _____
Address _____	Address _____	Address _____
City _____	City _____	City _____
State _____ Zip _____	State _____ Zip _____	State _____ Zip _____
Telephone (_____) _____	Telephone (_____) _____	Telephone (_____) _____
Owner's USEF# _____	Trainer's USEF# _____	Rider's USEF# _____

In case of emergency during the show contact phone number: \_\_\_\_\_

Name of Person/Company receiving prize money: \_\_\_\_\_

Social Security or Fed ID #: \_\_\_\_\_

Please stable with : \_\_\_\_\_

# \_\_\_\_\_ Stalls @ \$165 \_\_\_\_\_

# \_\_\_\_\_ Late Stalls @ \$175 \_\_\_\_\_

# \_\_\_\_\_ USEF Federation Fee @ \$17 \_\_\_\_\_

(\$7 Drug and Medication/\$8 USEF/\$2 USHJA)

# \_\_\_\_\_ Late Fee @ \$25 \_\_\_\_\_

# \_\_\_\_\_ Service Fee @ \$35 \_\_\_\_\_

# \_\_\_\_\_ USEF Non-Member Fee @ \$30 \_\_\_\_\_

# \_\_\_\_\_ USHJA Non-Member Fee @ \$30 \_\_\_\_\_

# \_\_\_\_\_ Camper Fee @ \$165 \_\_\_\_\_

# \_\_\_\_\_ Non-Showing @ \$50 \_\_\_\_\_

# \_\_\_\_\_ Grounds Fee @ \$50/horse \_\_\_\_\_

AMOUNT ENCLOSED: \_\_\_\_\_

Coach's Signature (if applicable) \_\_\_\_\_

Coach's Name (please print) \_\_\_\_\_

We honor:  MasterCard®  VISA®  American Express®

Acct. No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ (month/year)

Signature: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!</b>	_____ Taxpayer Name (must coincide with SS# or EIN#)
	_____ Social Security Number or Federal ID Number
	_____ Prize Money Payee Address