



PASO FINO HORSE SHOW ENTRY FORM

ONLY ONE HORSE PER ENTRY FORM

For Official Use Only	
EB NBR	ENTRY NUMBER

NAME OF SHOW OR SPONSORING REGION: _____ LOCATION: _____ SHOW DATES: _____

PFHA Reg #	COMPLETE REGISTERED NAME OF HORSE				
USEF REC #	HORSE SEX	FOALING DATE	COLOR	COGGINS DATE	LAB ACCESSION NUMBER

BILL TO:

NAME _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____

OWNER	TRAINER
NAME _____	NAME _____
ADDRESS _____	BARN NAME _____
CITY/ST/ZIP _____	ADDRESS _____
PFHA _____ USEF _____	CITY/ST/ZIP _____
EXP DATE / / _____ EXP DATE / / _____	PFHA _____ USEF _____
Email _____ Phone () _____	EXP DATE / / _____ EXP DATE / / _____
SS# _____ or FED ID# _____	Email _____ Phone () _____
PFHA: Card AMI JAS USEF: Card AMI JAS NM	PFHA: Card JAS USEF: Card JAS NM

RIDER ONE (1) INFORMATION	RIDER ONE (1) CLASSES																																																		
NAME _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																		
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PFHA: Card AMI JAS USEF: Card AMI JAS NM	OWNER IS THE RIDER'S: _____ (RELATIONSHIP)																																																		

RIDER TWO (2) INFORMATION	RIDER TWO (2) CLASSES																																																		
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RIDER THREE (3) INFORMATION	RIDER THREE (3) CLASSES																																																		
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STABLE WITH: _____

Number of Horse Stalls Requested: _____ Number of Tack Rms Requested: _____

Special Request: _____

Payment Information:

Cash Amount _____

Check Check # _____

Credit Card Card Type _____

Credit Card # _____

Exp Date: _____ Phone: _____

Card Holder's Name: _____

Address: _____

Signature: _____

ENTRY FEES @ _____

STALLS @ _____

TACK ROOMS @ _____

USEF FEE @ \$15 (dm-\$7/USEF Show-\$8) _____

USEF Membership Fees \$55.00 _____

USEF Non-Member Fee \$30.00 _____

PFHA Membership Fees _____

PFHA Affidavit Fees _____

Camper Fees _____

Sponsorships _____

Shavings @ _____

TOTAL FEES THIS ENTRY _____

PLEASE NOTE THAT NOT ALL SHOWS ACCEPT CREDIT CARDS! CHECK WITH SHOW SECRETARY

ALL OWNERS, RIDERS, AND TRAINERS MUST SIGN THE REVERSE SIDE

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, Vaulteur 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, 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 GR 908.4

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, the PFHA Grand National Horse Show, to the following:
 I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulteur, 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 GR 801 and 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 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 "the Federation" and "Competition" as used above includes all of their 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. **EMERGENCY CONTACT PHONE NUMBER** _____

OWNER (Mandatory - Name & Signature required)	Print Name	Signature X	
TRAINER (Mandatory - Name & Signature required)	Print Name	Signature X	
RIDER/DRIVER/HANDLER #1 (Mandatory)	Print Name	Signature X	Rider U.S. Citizen? Yes _____ No _____
RIDER/DRIVER/HANDLER # 2 (Mandatory)	Print Name	Signature X	Rider U.S. Citizen? Yes _____ No _____
RIDER/DRIVER/HANDLER # 3 (Mandatory)	Print Name	Signature X	Rider U.S. Citizen? Yes _____ No _____
COACH (If applicable)	Print Name	Signature X	Coach PFHA # _____
PRINT MINOR NAME HERE	Print Name of Parent/Guardian	Signature X	Coach USEF # _____
PRINT MINOR NAME HERE	Print Name of Parent/Guardian	Signature X	

BEFORE MAILING BE SURE YOU HAVE: Enclosed registration papers (both sides IF current owner is listed on the back; PFHA/USEF membership cards for each owner, rider, driver, handler, trainer, lessee, agent and coach; PFHA/USEF Amateur Certification (If applicable); Negative Coggins dated within 12 months of the show date, and Total Fees for this Entry.