

**2017 VERMONT SUMMER FESTIVAL - Week 2 - Entries Close June 9, 2017**

- Manchester Summer Festival Equitation Tuesday - July 11 (Local Member)  Entering both the Tuesday show AND the Rated show  
 Manchester Summer Festival - July 12-16 (Regular Member)

FOR OFFICE USE ONLY

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**OWNER**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Owner USEF/USHJA # \_\_\_\_\_  
 Owner/Agent Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

**RIDER ONE**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ USEF/USHJA # \_\_\_\_\_  
 Signature \_\_\_\_\_ Is Rider US Citizen Yes  No   
 (Parent/Guardian, if minor, or if not available, trainer must sign)

**TRAINER**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 USEF/USHJA # \_\_\_\_\_  
 Signature \_\_\_\_\_

**TAXPAYER INFORMATION (for Prize Money Awards)**

Name \_\_\_\_\_ SS# or Fed. ID# \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

**RIDER TWO**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ USEF/USHJA # \_\_\_\_\_  
 Signature \_\_\_\_\_ Is Rider US Citizen Yes  No   
 (Parent/Guardian, if minor, or if not available, trainer must sign)

**NAME OF EQUITATION RIDER**

Name \_\_\_\_\_ ASPCA # \_\_\_\_\_  
 CDHJC # \_\_\_\_\_ NEHC # \_\_\_\_\_ VHJA # \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

**NAME OF HORSE**

				Horse USEF/USHJA #	Name of Rider	Date of Birth	Classes	CURRENT HEALTH CERTIFICATE OR EXHIBITION PERMIT NUMBER
Color	Sex	Ht.	Age	Green <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Horse/Pony <input type="checkbox"/> sm <input type="checkbox"/> md <input type="checkbox"/> lg	Rider One	MM/DD/YYYY		
					Rider Two	MM/DD/YYYY		

**SIGNATURES ABOVE INDICATE THAT EACH OF US HAS READ AND UNDERSTANDS USEF ARTICLE 1502.4 PRINTED BELOW**

**INDICATE BELOW QTY. ORDERED AND AMTS. DUE W/ THIS ENTRY FORM:**

**United States Equestrian Federation, Inc. Entry Agreement:** I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State.

**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 above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

**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 a 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, NEHC 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 THIS ENTRY FORM, 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 the 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.

<b>FEES</b>			
Stalls/Weekly	\$250 x _____	= \$ _____	
Jumpster Nom.	\$150 x _____	= \$ _____	
USEF Fee (USEF \$8 + D&M \$8)	\$ 16 x _____	= \$ _____	
USHJA Fee	\$ 7 x _____	= \$ _____	
USEF Show Pass Fee	\$ 30 x _____	= \$ _____	
USHJA Show Pass Fee	\$ 30 x _____	= \$ _____	
Office Fee	\$ 50 x _____	= \$ _____	
Paddock	\$250 x _____	= \$ _____	
VIP Table	\$250 x _____	= \$ _____	
Late Fee	\$ 50 x _____	= \$ _____	
<b>Total Amount Enclosed</b>		\$ _____	

**Total Amount Enclosed** \$ \_\_\_\_\_

Credit Card Type:  Master Card  Visa CID # \_\_\_\_\_

Enter Credit Card Number Below:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp. Date (MM/YY): \_\_\_\_ / \_\_\_\_

**OFFICE & STALL FEES MUST ACCOMPANY ENTRIES TO SECURE STALLS. MAKE CHECKS PAYABLE TO VSF. CHECKS WILL BE DEPOSITED AND CREDIT CARDS WILL BE CHARGED OFFICE & STALL FEES UPON RECEIPT.**

STABLE WITH \_\_\_\_\_ DATE OF ARRIVAL (MM/DD/YYYY) \_\_\_\_\_

**ENTRIES CLOSE JUNE 9, 2017**

**INCLUDE SEPARATE CHECK WITH EACH WEEK'S ENTRY**



UPS/FedEx Prior to June 6: VSF, 52 Graves Farm Road, Waitsfield, VT 05673 After June 6: VSF, PO Box 904, East Dorset, VT 05253  
 After June 6: VSF, c/o Harold Beebe Farm, 2971 Route 7, East Dorset, VT 05253