

# 2018 GREAT LAKES EQUESTRIAN FESTIVAL EQUITATION DAY revised rating to 'Local' 5-15

**SHOW DATES: JULY 10, 17 & 24, 2018**

**ONLY ONE HORSE PER ENTRY BLANK CLOSING DATES: JUNE 6 (JULY 10 & 17) / JULY 11 (JULY 24)**

Office Use Only	Name of Horse					USEF#	Circle Types	Name of Rider(s)	Class Numbers
							Equitation	Rider One	
	Color	Sex	Height	Yr Foaled	Green	Horse/Pony		Rider Two	
					1 <sup>st</sup> 2 <sup>nd</sup>	Small Medium Large			

**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.

**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.

	JULY 10	JULY 17	JULY 24
USEF Federation Fee \$23 /show <small>(\$8 Drug and Med/\$15 Administration)</small>			
USHJA Zone Fee \$2 /show			
Office Fee	\$60	\$60	\$60
<b>Total</b>			

**Make Check Payable to and MAIL to TRAVERSE CITY HORSE SHOW LLC**  
 before June 15<sup>th</sup> 6111 95<sup>th</sup> Street Circle E, Lakewood Ranch, FL 34202  
 after June 15<sup>th</sup> 6535 Bates Road, Williamsburg, MI 49690  
 email [susie@mmg.management](mailto:susie@mmg.management) phone (941) 527-6602 / efax (941) 827-3326

X _____ <b>Owner's Signature (mandatory)</b>	X _____ <b>First Rider's Signature (mandatory)</b>	X _____ <b>Second Rider's Signature (mandatory)</b>	X _____ <b>Trainer's Signature (mandatory)</b>
NAME _____	NAME _____	NAME _____	NAME _____
STREET _____	STREET _____	STREET _____	STREET _____
CITY _____	CITY _____ STATE _____	CITY _____ STATE _____	CITY _____ STATE _____
STATE _____ ZIP _____	ZIP _____ TEL _____	ZIP _____ TEL _____	ZIP _____ TEL _____
TEL _____	RIDER'S USEF/USHJA# _____	RIDER'S USEF/USHJA# _____	USEF/USHJA# _____
USEF/USHJA# _____	US Citizen yes ___ no ___ Date of Birth: _____	US Citizen yes ___ no ___ Date of Birth: _____	TRAINER'S EMAIL: _____
OWNER'S EMAIL: _____	EMAIL: _____	EMAIL: _____	<b>X</b> _____ Coach's Signature (if applicable)
	<b>X</b> _____ Parent or Guardian Signature (required if rider is a minor)	<b>X</b> _____ Parent or Guardian Signature (required if rider is a minor)	NAME _____

STABLE WITH: \_\_\_\_\_ EMERGENCY CONTACT: NAME & CELL PHONE \_\_\_\_\_