

2019 GREAT LAKES EQUESTRIAN FESTIVAL presented by CaptiveOne I Advisors™ WEEKS I, II, III

SHOW DATES: JULY 3 – 21, 2019
ONLY ONE HORSE PER ENTRY BLANK

CLOSING DATE: JUNE 3, 2019

FEI HORSES MUST ALSO BE ENTERED ONLINE WITH THE FEI

Office Use Only	Name of Horse					USEF#/FEI#	Circle Types	Name of Rider(s)	Class or Division Numbers
							Jumper	Rider One	
							Grand Prix (FEI)		
	Color	Sex	Height	Yr Foaled	Green	Horse/Pony	Hunter		
					1 st 2 nd	Small Medium Large	Equitation	Rider Two	

ALL SIGNATURES, ADDRESSES AND THE OWNERS SOCIAL SECURITY NUMBER MUST APPEAR ON THE ENTRY FORM IN ORDER FOR THIS ENTRY TO BE PROCESSED

Name of Person/Company Receiving Prize Money _____ SS#/FedID _____

Address: _____

Make Check Payable to and MAIL to TRAVERSE CITY HORSE SHOW LLC

before June 15th 6111 95th Street Circle E, Lakewood Ranch, FL 34202 / after June 15th 6535 Bates Road, Williamsburg, MI 49690
email susie@mmg.management phone (941) 527-6602

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.

	Week I	Week II	Week III
____ Stalls @ \$295 per week			
____ FEI Tack Stalls \$350			
Jumper Nomination Fee \$225 /wk			
FEI Entry Fee per show (Def Schedule)			
USEF Federation Fee \$23 /wk <small>(\$8 Drug and Med/\$15 Administration)</small>			
USEF Show Pass Fee \$45 /wk Owner____ Rider____ Trainer____			
USEF IHP Fee \$35 /wk			
USHJA Show Pass Fee \$30 /wk Owner____ Rider____ Trainer____			
USHJA Zone Fee \$7 /wk			
Office Fee	\$65	\$65	\$65
Horse Night Watch	\$20	\$20	\$20
Ambulance Fee \$15/week	\$15	\$15	\$15
Stall mat rental: \$20 per mat per week			
Non Showing Fee \$150			

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