EMAIL

MOBILE PHONE

2018 Spring into Summer - Entry Form Use one form for each day and horse/rider combination Show I: May 12 Show II: May 13

HORSE		_				
PREVIOUS NAME (IF ANY)	FOR SALE?	-		CLASSES & FEES		
USEF#	USDF#	CLASS #	DIV.	DESCRIPTION	QUAL	FEES
BREED	SEXHEIGHT		Div.	DESCRIPTION	Y/N	
COLOR	COGGINS DATE (ENCLOSE COPY)	_				
SIRE	DAM	_				
DAM'S SIRE	COUNTRY OF BIRTH_					
YEAR OF BIRTH	BREEDER	_				
FEI/PASSPORT #	GROOM	_				
RIDER/HANDLER		_		SHOW FEES		
USEF#	USDF#FEI/LOCAL#			mberships or horse ID required for intro or o lso exempt from usef horse fee. Leadline ex	,	
ADDRESS				EES AND QUALIFYING FEES		
CITY/STATE/ZIP		OFFICE FE	EE AND/OF	R BRIDLE # FEE \$20		20.00
MOBILE PHONE	JR/YG DATE OF BIRTH	USDF NON	I-MEMBER	R FEE \$35 PER NON-MEMBER		
EMAIL ADDRESS		_	USEF S	HOW PASS FEES		
CITIZENSHIP (IF NOT USA)		USEF FEES		NON-MEMBER		
RIDER STATUS (CHECK ONE):	JR/YG AA OPEN		\$8 USEF FEE + \$15 DRUG FEE = \$23.00			
		CDI HORSE FEES \$8 USEF FEE + \$20 DRUG FEE = \$28.00				
OWNER		CDI	IHP DIS	CIPLINE FEE \$35 (If required)		
USEF#	USDF#FEI/LOCAL#	- NON-COM	PETING H	IORSE FEE \$35		
ADDRESS		I WILL BRI	NG A SILE	INT AUCTION ITEM DONATION! Y/N		
CITY/STATE/ZIP		LATE FEE	\$15			
MOBILE PHONE	EMAIL					
		HAUL-IN F	EES (if not	stabling)		
		STABLING				
USEF#	USDF#FEI/LOCAL#		(List package letter(s) & total fees) STABLING GROUP NAME:			
ADDRESS				nine.		
CITY/STATE/ZIP		TACK STAI				
MOBILE PHONE	MOBILE PHONEEMAIL		(List package letter(s) & total fees) ADDITIONAL BEDDING \$10/BAG			
		(List numbe	(List number of bags & total fees)			
		EXTRA HAY	\$10/BALE (li	ist no. of bales & total fees)		
COACH (IF APPLICABLE)		RV HOOKL	JP \$45/DA\	Y (list # Spots & fee)		
	USDF#FEI/LOCAL#	DRY CAMP		AY (list # Spots & fee)		
ADDRESS				TOTAL FEES		
CITY/STATE/ZIP		_				

I hereby agree to release, indemnify and hold harmless USDF, its instructors, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities. I also hereby agree to release, indemnify and hold harmless the competition licensee, show management, competition staff, show committee and members, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities.

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, Vaulter 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 **(GAIG/USDF REGION 6 CHAMPIONSHIPS & NW DRESSAGE CHAMPIONSHIPS AND OPEN SHOW).** 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, broadcasts, internet, film, new media 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 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 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 en courages 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.

Rider Signature / Parent to sign for Minor (Mandatory)	Owner / Agent Signature (Mandatory)
Signature:	Signature:
Print Name:	Print Name:
Trainer Signature / Parent to sign for Minor (Mandatory)	Coach Signature (if applicable)
Signature:	Signature:
Print Name:	Print Name:
Parent / Guardian Signature (if Rider is under 18 years of age)	
Signature:	Print Name

RIDER EMERGENCY CONTACT INFORMATION (Mandatory	Nho do we call in case you are injured and cannot make the c	all yourself?)
Name of Contact and Relationship	Phone (Home)	Alternate Phone (CellPhone)

ASSUMPTION OF RISK AND RELEASE OF LIABILITY FOR EQUINE RELATED ACTIVITIES

In consideration of my participation in clinics, lessons, shows, and/or general handling and training of horses, as well as any boarding or stalling of my horse(s) and any use of grounds or arenas owned or leased by TRI-H Stables, LLC of 400 VanDyke Road, Bozeman, Montana 59718 (collectively "Horse-Related Activities"), I hereby waive, release, and forever discharge any and all rights, claims, demands and causes of action for injuries, damages, liabilities and responsibilities, which I may have or which may hereafter accrue to myself or my horse(s) against TRI-H Stables LLC, and its agents, representatives, members, owners, employees, trainers, clinicians, volunteers, affiliates, and/or sponsors and the successors, heirs and assigns of the foregoing ("collectively the Released Parties") for any and all injury and damages which may be sustained by me or my horse(s) as a result of any Horse-Related Activities. I recognize that horses are large, dangerous, and unpredictable animals, and that there are significant risks of serious injury and death inherent and associated with horses and Horse-Related Activities, including but not limited to trailering, boarding, stalling, riding, training, participating in lessons, grooming, saddling, feeding and caring for horses. Knowing the inherent risks, dangers and rigors involved in such Horse-Related Activities, I certify that I understand the risks associated therewith, that I am fully capable of participating in Horse-Related Activities, including lessons and clinics, that my horse(s) is sound and is able to participate in the training requested, and that I am requesting participation in Horse-Related Activities at my own risk. I further agrees that I will not, at any time hereafter, either directly or indirectly, initiate, assign, maintain or prosecute, or in any way knowingly aid or assist in the initiation, maintenance or prosecution of any claim, demand or cause of action at law or otherwise, against the Released Parties for damages, loss or injury of any kind arising from, related to, or in any way connected to my participation in any Horse Related Activities sponsored, provided, or organized by Released Parties or resulting from my use of equipment, facilities or machinery provided by any of the Released Parties. I assume full responsibility for any and all risks of bodily injury, death, loss of or injury to personal property, and any and all expenses associated therewith both for myself and for my horse(s). I further agree to be responsible for all damage or injury caused by me and/or my horse(s) to TRI-H Stables LLC property, other persons, other horses and other personal property, and shall defend, indemnify and hold harmless TRI-H Stables LLC and the Released Parties from such damages or injury caused by me and/or my horse(s). This instrument shall be binding upon my heirs, assigns, successors, executors and personal representatives.

DATE:

PRINT NAME:

SIGNATURE:

SIGNATURE of PARENT or GUARDIAN of MINOR:

ADDRESS:

Assumption of Risks and Acknowledgement of Rights and Responsibilities for Participants in Equine Activities Sponsored by Bozeman Dressage & Combined Training Club and Bozeman Dressage Society

This document affects your legal rights. You must read and understand it before initialing and signing.

In consideration of the opportunities provided by Bozeman Dressage & Combined Training Club and Bozeman Dressage Society, (hereafter referred to as BDS) and all other persons or entities acting in any capacity on the BDS's behalf, including the BDS's officers, directors, volunteers, sponsors, facility owners and landowners,

I, _____, as a participant in equine activities sponsored by BDS, either for fee, as a guest or volunteer, hereby acknowledge or agree as follows: **Duty of Participants**

I have a duty to act in a sage and responsible manner at all times to avoid injury to me and to others and to be aware of risks inherent in equine activities. Section 27-1-727, MCA, et seq. _____ (initial)

I agree to comply withal BDS rules and regulations, including those given verbally and in writing, and participate in any safety meetings and the presentation of any safety materials that are designed and offered to promote safety in equine activities. ______ (initial) I, or my parents/legal guardian if I am a minor, agree to pay all costs incurred by BDS, the facility or its agents, for damages incurred as a result of me or my child's willful or negligent conduct while participating in equine activities sponsored by BDS_____ (initial)

Risks Involved

I understand and acknowledge that the activity in which I am about to voluntarily engage as a participant bears certain known and unanticipated inherent risks that contribute to the unique character of this activity and many able hazardous to participants regardless of all feasible safety measures take at, by the facilities owners, employees or agents of BDS. These risks include those inherent in equine activities.

(initial)

I understand and acknowledge that it is the policy of BDS that all riders are required to wear protective headgear while mounted. _____ (initial)

Risks inherent in equine activities are dangers or conditions that are an integral part of equine activities, including but not limited to: a) the propensity of a horse to behave in ways that may result in injury or harm to or the death of persons on or around the horse; b) the unpredictability of a horse's reaction to such things as medication, sounds, sudden movement, and unfamiliar objects, persons or other animals; c) hazards, such as surface and subsurface ground conditions; d) collisions with other horses or objects; or e) the potential of another participant to not maintain control over the horse or to not act within the person's ability. _____ (initial)

Representations by Participant

I further certify that if I provide an equine for an activity, I certify that the equine is appropriately trained for that activity and that I am able to maintain control over the equine to prevent danger to myself and to others. If the equine I am using acts inappropriately, I will dismount and immediately remove the equine from the premises. _____ (initial)

Accident/Medical Insurance

I agree that should emergency medical treatment be required, I and /or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company is:

Entire Agreement

I understand that this agreement between myself and BDS and any facility hosting BDS Club events represents the entire agreement between the parties and cannot be modified or changed in any way by the representations or statements of any principal, agent, employee, volunteer or any other person or entity acting in any capacity on behalf of BDS, any facility hosting BDS Club events or myself.

My signature below and initials above indicate that I have read this entire document, understand it completely and agree to be bound by its terms.

Signature of Participant	Date
Signature of parent/legal guardian if participant is a r	ninor Date

Emergency Contact

Phone



Owner Name: _____

Horse Name:_____

This form may be used to for documenting Equine Influenza and Equine Herpes Virus (Rhinopneumonitis) vaccinations as defined in USEF GR845.

Date (Day/Month/Year)	Place and Country	Vaccine			
		Name	Batch	Route Mode	Name, Signature, and/or Stamp of Veterinarian