



PASO FINO HORSE SHOW ENTRY FORM

Entries must be accompanied by copy of horse certificate of registration, PFHA cards for each owner, all riders, trainer; USEF cards (if required) for one owner, riders and trainer. Pre-entry prices will not be honored if all credentials are not included by pre-entry deadline.

ENTRY NUMBER

NAME OF SHOW OR SPONSORING REGION: _____

LOCATION: _____

SHOW DATES: _____

PFHA Reg #	COMPLETE REGISTERED NAME OF HORSE (ONE HORSE PER ENTRY BLANK)			
USEF REC #	HORSE SEX	FOALING DATE	COGGINS-DATE OUT	COGGINS- ACCESSION NUMBER
PERSON RESPONSIBLE FOR PAYING THIS BILL				
NAME		ADDRESS		
CITY	ST	ZIP	EMAIL	PH
OWNER ONE			OWNER TWO	
Name _____			Name _____	
Address _____			Address _____	
City/State/Zip _____			City/ State/Zip _____	
PFHA# _____ EXP DATE _____			PFHA # _____ EXP DATE _____	
USEF _____ PHONE _____			USEF # _____ PHONE _____	
Email _____			Email _____	
PFHA: ___ Card ___ AMI ___ JAS USEF: ___ Card ___ AMI ___ JAS ___ NM			PFHA: ___ Card ___ JAS USEF: ___ Card ___ JAS ___ NM	
RIDER ONE INFORMATION			RIDER ONE CLASSES	
Name _____			JR DOB	
Address _____				
City/State/Zip _____				
PFHA# _____ EXP DATE _____ USEF _____ PHONE _____ EMAIL _____				
PFHA: ___ Card ___ AMI ___ JAS USEF: ___ Card ___ AMI ___ JAS ___ NM			OWNER IS THE AMATEUR RIDER'S (RELATIONSHIP)	
RIDER TWO INFORMATION			RIDER TWO CLASSES	
Name _____			JR DOB	
Address _____				
City/State/Zip _____				
PFHA# _____ EXP DATE _____ USEF _____ PHONE _____ EMAIL _____				
PFHA: ___ Card ___ AMI ___ JAS USEF: ___ Card ___ AMI ___ JAS ___ NM			OWNER IS THE AMATEUR RIDER'S (RELATIONSHIP)	
TRAINER INFO			SHOW FEES	
NAME _____			Entry Fees @ _____	
ADDRESS _____			STALLS @ _____	
CITY/STATE/ZIP _____			TACK ROOMS @ _____	
PFHA# _____ EXP DATE _____ USEF _____			USEF FEE@ \$15 (dm-\$7/USEF Show-\$8)	
PHONE: _____			USEF Membership Fees \$55.00	
PFHA: ___ Card ___ JAS ___ NM USEF: ___ Card ___ JAS ___ NM			USEF Non-Member Fee \$30.00	
			PFHA Membership Fees	
			PFHA Affidavit Fees	
			Camper Fees	
			Other _____	
			TOTAL FEES THIS ENTRY	
CHECK # _____ AMOUNT: _____			REQUIRED SIGNATURES ARE ON THE REVERSE!!!	
STABLE WITH: _____				

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 _____ (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

Federaton 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, 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, l 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 at the Competition.

I have read the Federation Rules about protective equipment, including GR 801 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 **EMERGENCY CONTACT PHONE Nr.** _____

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 _____
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	