

Will not be accepted unless accompanied by credit card or check / No Cell Phone Photo's Accepted

FIELDSTONE SPRING FESTIVAL MAY 16-20 2018

PRE-ENTRIES CLOSE MAY 6, 2018



Horse's Name	USEF/USHJA#	Color	Sex	Height	Age	sm.	med	lg	Measure #	Stabling With	Arrive date

OWNER	RIDER ONE	TRAINER
Owner Name <input style="width:90%;" type="text"/>	Rider Name <input style="width:90%;" type="text"/>	Trainer Name <input style="width:90%;" type="text"/>
Street Address <input style="width:90%;" type="text"/> Cell Phone # <input style="width:20%;" type="text"/>	Street Address <input style="width:90%;" type="text"/>	Street Address <input style="width:90%;" type="text"/>
City/Town <input style="width:60%;" type="text"/> State <input style="width:15%;" type="text"/> Zip <input style="width:25%;" type="text"/>	City/Town <input style="width:60%;" type="text"/> State <input style="width:15%;" type="text"/> Zip <input style="width:25%;" type="text"/>	City/Town <input style="width:60%;" type="text"/> State <input style="width:15%;" type="text"/> Zip <input style="width:25%;" type="text"/>
Email <input style="width:90%;" type="text"/>	Email <input style="width:90%;" type="text"/>	Email <input style="width:90%;" type="text"/>
USEF# /USHJA# <input style="width:30%;" type="text"/> NEHC# <input style="width:30%;" type="text"/> MHC# <input style="width:30%;" type="text"/>	USEF# /USHJA# <input style="width:30%;" type="text"/> NEHC# <input style="width:30%;" type="text"/> MHC# <input style="width:30%;" type="text"/>	USEF# /USHJA# <input style="width:30%;" type="text"/> NEHC# <input style="width:30%;" type="text"/> MHC# <input style="width:30%;" type="text"/>

Fieldstone Show Park - USEF, MHC & NEHC Entry Agreement
 I have read the USEF Entry Agreement (GR 906.4) 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 at FSP Halifax, MA 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 on the showgrounds prior to, during or after 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 on the showgrounds prior to, during or after 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 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.

WARNING UNDER MASSACHUSETTS LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Rider One Classes

RIDER TWO

Street Address

City/Town State Zip

Email

Cell Phone Circle One Jr Am Pro

USEF# /USHJA# NEHC# MHC#

Rider Two Classes

RECIPIENT OF PRIZE MONEY

Individuals Name / or Corporation

Email Mandatory **Print Clearly**

S.S. # or Fed ID #

Street Address Cell Phone #

City/Town State Zip

MANDATORY TRAINER SIGNATURE

Signature

Print Name

Parent / Gaurdian Signature required if rider is a minor

MANDATORY RIDER SIGNATURE

Signature

Print Name

Parent / Gaurdian Signature required if rider is a minor

MANDATORY OWNER /AGENT SIGNATURE

Signature

Print Name

Parent / Gaurdian Signature required if rider is a minor

CHECKS PAYABLE TO FIELDSTONE SHOW PARK	USEF & USHJA FEES:
Mail Entries: Charlene Brown 22 SouthMayd St. Newport, RI 02840 Fax to : 401-848-2985 / Phone 401-849-2696 Email: Cinnbayinc@aol.com Copy of Check must accompany faxed entries	USEF Drug: \$15 USEF Fee: \$8 USHJA Fee: \$7 USEF S/P Fee: \$45 USHJA S/P Fee: \$30 NEHC \$2 MHC \$1

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MAY SHOW	
RED BARNs STALL FEE \$250 x _____ STALLS = \$ _____	
PREMIUM TENT STALL FEE \$275 x _____ STALLS = \$ _____	
JUMPER NOMINATION	\$175 _____
LATE JUMPER NOMINATION	\$225 _____
OFFICE FEE	\$53 _____
USEF (USEF DRUG \$15 +USEF FEE 8	\$23 _____
USHJA FEES	\$7 _____
USEF Show pass	\$45 _____
USHJA Show pass	\$30 _____
POST ENTRY FEE	\$50 _____
RV PARKING	\$275 _____
OTHER	_____
INCOMPLETE ENTRY FORM (PER OMISSION) \$5 x _____ = \$ _____	
TOTAL	\$ _____
PREPAYMENT CASH \$ _____ Check \$ _____ Credit Card \$ _____	

SHOW SECRETARY'S INITIALS _____

CREDIT CARD INFORMATION

CREDIT CARD # _____ CV# _____

EXPIRATION DATE: ____/____/____ AMOUNT CHARGED \$ _____

NAME ON CARD _____ ZIP _____

ADDRESS _____

SIGNATURE _____

MANDATORY MINORS PARNET SIGNATURE

Minors Parent Emergency contact # _____

Parnet Signature _____