FLINTRIDGE AUTUMN CLASSIC September 26-September 30, 2018

Make checks payable to West Palms Event Management. Mail to West Palms Event Management PO Box 1092 Camarillo, CA 93011 - ak@westpalmsevents.com - No faxed entries - Include copies of your membership cards. SEND ONLY NOMINATING AND STALL FEES WITH ENTRY. INCOMPLETE ENTRIES WILL BE CHARGED A \$50 HANDLING FEE - Entries close and must be received by August 27, 2018

		RIDER ONE									TRAINER													
OWNER Owner Name									Rider Name Trainer Name															
Address									Address Address															
City/State/Zip								City/State/Zip City/State								City/State/Zip								
Social Security # (if corporation see below)									Telephone E-Mail						Telephone E-Mail					ail	ı			
E-Mail	Mail USEF/USHJA							USEF/USHJA				PCHA L				USEF/USHJA		+			PCHA LAHJA		A	
PCHA	LAHJA	AHJA SFHJA						SFHJA ASPCA							SFHJA		ASPCA		+					
PRIZE MONEY PAID TO							RIDE				R TWO				PAYME			NT	INFO					
Individual Name (one name only) or Corporation Name																Credit Card #								
Social Security #								Address				Telephone				Cardholder Name				Ехр.			CVV#	
Fed #								City/State/Zip				E-Mail			Signature						<u> </u>	Billing Zip		
Address							USEF/USHJA				РСНА		LAHJA		Deposit Received	Ck#			#	Date				
City/State/Zip								SFHJA ASPCA								Closeout \$		Ck#			#	Date		
NAME OF HORSE									RIDER ONE										(CLASS	ES			
cor			COLOR	OR SEX HEIGHT AGE										Birthday	=									
																RIDE				十				
USHJA#				ase circle	below i	if applic	able				RIDE	R TWO			Dr. d. d.	7								
			1st Yr 2nd Yr		s	im Med	d Lg]							Birthday	RIDER				+				
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, Vaulte 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 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, 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 condit 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 chenefit 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 leopardize amateur status. I hereby exconnection with such use, including any claim to compensation, invasion of privacy, right or publicity, or to misappropriation. The construction and application of Federation rules are governed by the											(Competition). I a mpetition, the Fed t as a condition o during the course . I hereby express	n). I agree to be bound by the Bylaws and Rules of the the Federation, their officials, directors and employees for tition of and in consideration of acceptance of entry, the course of the competition for the promotion, coverage or xpressly and irrevocably waive and release any rights in					ASSOCIATON FEES CDFA DRUG FEE \$5.00 USEF FEDERATION FEE \$23.00 (\$8 Drugs & Meds, \$8 USEF)							
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 West Palms Event Management ("Competition") as used herein officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates. I AGREE that I choose to participate voluntarily in the Competition with the participation of a limit of exhibitor. I am fully aware and acknowledge that hores sports and the Competition involve inherent dangerous risks of accident, loss, course, or early afficiently or indirectly or indirectly, from the negligence of the Federation and the Competition from all AGREE to expressly assume all risks of Harm to me or the Competition. I AGREE to spressly assume all risks of Harm to me or the Competition. I AGREE to spressly assume all risks of Harm to me or the Competition. I AGREE to spressly assume all risks of Harm to me or the Competition. I AGREE to spressly assume all risks of Harm to me or the Competition. I AGREE to spressly assume all risks of Harm to me or the Competition. I AGREE to spressly assume all risks of Harm to me or the Competition. I AGREE to spressly assume all risks of Harm to me or the Competition. I AGREE to according to the AGREE to the AGREE to the AGREE to a the AGREE to the AGRE										herein includes the Licensee and Competition Management, as well as all of their horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach loss, and serious bodily injury including broken bones, head injuries, trauma, pain me or my horse and for any Harm of any nature caused by me or my horse to e or my horse, including Harm resulting from the negligence of the Federation oct to claims for Harm to me or my horse, and for claims made by others for an understand that I am entitled to wear protective equipment without penalty, and					heir PC ain, US an or US any and I US	SFHJA FEE PCHA FEE USHJA FEE USHJA FEE USEF SHOW PASS \$					3.00 3.00 3.00 7.00 5.00			
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 parient or guardian of a junior exhibitor, I consent to the children's not above provisions and AGREE to assume all of the obligations of this Releases on the child's behalf I represent that I have the requisite training, coaching and abilities to safely compate in this competition, the nedical 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 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 ignature by my own hand. BOD 1/23/11 Effective 12/1/11													the rms my	HORSE SHOW FEES NOMINATION 1 (No Prize \$) \$50.00										
ls Rider/Driver/Ha	RIDER/HANDLER (Mandatory) Rider/Driver/Handler a U.S. citizen? (please circle) Yes No ignature:								MANAGER (Mandatory)				TRAINER (Mandatory) Signature:				NOMINATION 2 (Priz LATE FEE Prior to Sept LATE FEE at Show STALLS (Before Augus			ze \$) itember st 27)	\$) \$100.00 mber 24 \$75.00 \$150.00 27) \$250.00			
Print Name: Print Name:											Print Name:					STALLS (After August 2 RESERVED PARKING				7) \$300.00 \$150.00				
ls Rider/Driver/Har	RIDER/HANDLER (Mandatory) Rider/Driver/Handler a U.S. citizen? (please circle) Yes No ignature:					·			(Mandatory if rider/handler is a minor)			COACH (If applicable) Signature:					HAUL IN (PER DAY/PER HORSE) MEDICAL SERVICES FEE				- ,	E) \$60.00 \$50.00		
Print Name: Print Name:											Print Name:						SEND ONLY NOMINATION AND STALL/TACK FEES WITH ENTRY TOTAL AMOUNT DUE							
	ENTER ONLINE AT: www.westpalmsevents.com												ST	ABLE V	/ITH:									