NO.	NAME OF HORSE / PONY	USEF/USHJA #	COLOR	SEX	HEIGHT	HORSE/PONY SMALL MEDIUM LARGE

Kimberton Hunt Club
1690

NAME OF RIDER	USEF/USHJA #	AGE	CLASS NUMBERS

NAME OF RIDER	USEF/USHJA #	AGE	CLASS NUMBERS

OWNER OR AUTHORIZED AGENT	RIDER ONE	RIDER TWO	TRAINER
Owner Name	Rider Name		Trainer Name
Address	Address		Address
Phone #	Phone #		Phone #
USEF #	USEF #		USEF #

TAXPAYER I.D. (for prize money awarded)

Name: _____ SS# or FEI# _____ Mail Address: _____

(if different than Owner)

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 the Kimberton Hunt Club Horse Show ("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 above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

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.

ENTRY FEES:	
USEF $8 / Drug $8	$16.00
USHJA Fee	$2.00
Grounds / Schooling Fee	$25.00
Office / EMT Fee	$15.00
Nomination Fee @ $50	
USEF Show Pass $30	
USHJA Show Pass $30	
Other Memberships:	
Miscellaneous	
Post -Entry Fee @ $25	
TOTAL DUE	

MEASUREMENT CARD

MEMBERSHIP CARDS

OWNER _____

RIDER _____

TRAINER _____

HORSE

RIDER (mandatory)

Signature: _____

Print Name: _____

OWNER or AGENT (mandatory)

Signature: _____

Print Name: _____

EMERGENCY CONTACT INFORMATION:

Name _____

Phone _____

TRAINER (mandatory)

Signature: _____

Print Name: _____

COACH OR RIDER 2 (circle applicable one - mandatory)

Signature: _____

Print Name: _____

Is Rider a U.S. Citizen: _____ Yes _____ No

Parent / Guardian Signature (required if rider/handler is a minor): _____ Print Parent/Guardian Name: _____

BIOSECURITY FORM (ONE DOCUMENT PER HORSE)

Protecting the health of your horse and all horses in our entire equine community is of the utmost importance.
It is a condition of entry into the horse show grounds that the following documentation is presented for every horse.

HORSE'S NAME ON ENTRY: _____

OWNER NAME: _____

TRAINER/RESPONSIBLE PERSON: _____

VACCINATION RECORDS in compliance with USEF Rule GR845, Equine Vaccination Rule:

A. At Federation licensed competitions, horses entering the grounds must be accompanied by documentation of Equine Influenza Virus and Equine Herpes Virus (Rhinopneumonitis) vaccinations within six months prior to entering the stables. Horses not in compliance with this rule may be required to leave the competition grounds upon request by Competition Management. Documentation should consist of one of the following methods mentioned below. The frequency of vaccine administration should be per the vaccine manufacturers' or veterinarian's recommendations. It is recommended that vaccines are administered by or under the direction of a veterinarian.
B. In the case of vaccines administered by a veterinarian, the exhibitor, upon request by Competition Management, must provide documentation from the veterinarian on documenting that the horse in question received the vaccinations; name of the vaccines and date of vaccine administration.
C. In the case of vaccines administered by a person other than a veterinarian, the exhibitor, upon request by Competition Management, must provide a receipt of the vaccine purchase which is signed by the owner, or agent with care, custody, and control of the horse; name, serial number and expiration date of the vaccine; and date of vaccine administration.
D. In the case of a horse that is unable to receive either of the vaccinations due to a history of adverse reactions, the exhibitor, upon request by Competition Management, must provide a letter from the veterinarian on official letterhead stating that the horse in question cannot be vaccinated due to medical concerns and a log of temperatures taken twice daily for the seven days prior to entering the competition grounds. These horses must also have their temperature taken and logged twice daily while on the competition grounds. The log of temperatures should be provided to the Competition Management, steward, or technical delegate when requested.
E. Competition Management may not amend or enhance vaccination requirements without prior approval of the Veterinary Committee.

2. NEGATIVE COGGINS TEST REPORT (within one year of first day of show)

3. HORSE HEALTH DECLARATION

I declare that the horse named above is in good health, with body temperature below 102°F, is eating normally and has shown no signs of infectious disease for the three (3) days preceding arrival at this event. I further declare that my horse has not been stabled with or been in contact with any horse showing any signs of contagious infection or illness for 21 days prior to this event.

By signing below, I affirm that I am the owner of the horse presented here, and/or I have the authority to sign on behalf of the owner.

Signature: _____ Date _____

Print Name: _____ Contact Phone: _____

OFFICE USE
☐ Vaccination
☐ Coggins
☐ Health Declaration Sig.

Initialed: _____

Back #:_____