

Make Checks Payable To:
Kentucky National
 Mail Entries To:
Equi Show, Inc.
P.O. Box 681761 • Franklin, TN 37068

2011 Kentucky National

SEPTEMBER 21-25, 2011

CLOSING DATE : September 2, 2011

Please Stable With _____
 Emergency Contact Number for this Horse _____
 Q's contact Suzanne Mayo 615.838.7560 • kynathorseshow@aol.com

Name of Horse	USEF Number	Breed	Color	Sex	Height	Age	FEI#	Passport#

Classes Entered	Name of Rider	Age	Rider's USEF #	ASPCA #	FEI #
	1st Rider				
	2nd Rider				

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 this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, 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 "The Kentucky National Horse Show" to the following:
 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 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 caused by me or my horse to others, even if the Harm resulted, 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 GR801 and 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 assume all of the obligations of this Release on the child's behalf.

I AGREE that "the Federation" and "Competition" as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

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.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

Name of Person/Company receiving prize money: _____

Social Security or Fed ID _____

_____ Stalls @ \$225/wk _____
 (Stalls must be prepaid to be reserved)

_____ FEI Secured Stalls @ \$275 _____

_____ Pre/Post Show Stalls @ \$50/Night _____

_____ USEF / Drug Fee @ \$15 _____

_____ Global Fee @ \$50/Horse _____

_____ FEI Drug Fee @ \$23 _____

_____ Non Showing Horse @ \$75 _____

_____ Ship-In Fee @ \$40/Horse _____

_____ Late Fee @ \$25 _____

_____ Jumper Nomination @ \$200 _____

_____ IHP Dues @ \$35/Horse _____

_____ \$2 USHJA Zone Support Fee _____

Amount enclosed: _____

Coach's Signature _____
 (if applicable)
 Coach's Name (please print) _____

BY SIGNING BELOW, I further AGREE to be bound by all applicable USEF Rules and all terms and provisions of this entry blank

Owner/Agent Signature* _____	Trainer/Agent Signature* _____	Rider/Driver/Handler Signature* _____
Owner's Name (please print) _____	Trainer's Name (please print) _____	Rider's Name (please print) _____
Address _____	Address _____	Address _____
City _____	City _____	City _____
State _____ Zip _____ Email _____	State _____ Zip _____ Email _____	State _____ Zip _____ Email _____
Telephone # (_____) _____	Telephone # (_____) _____	Telephone # (_____) _____
Owner's USEF# _____	Trainer's USEF# _____	Rider's USEF# _____

*Trainer's, Owner's and Rider's signature blanks **MUST** be signed. If Owner/Exhibitor is Trainer sign both place. Trainer must be over 18 years of age. If rider is under 18, parent, guardian, trainer or agent must sign.