

Make Checks Payable To: **Kentucky National**

Mail Entries To: FEDEX/UPS ONLY:
Equi Show, Inc. Suzanne Mayo
P.O. Box 681761 4522 Marlin Way
Franklin, TN 37068 Thompson Station, TN 37179

2018 Kentucky National

SEPTEMBER 19-23, 2018

CLOSING (Postmarked) DATE : September 3, 2018

Please Stable With _____
 Emergency Contact Number for this Horse _____
 Q's contact Suzanne Mayo 615.838.7560 • kynathorseshow@aol.com
STALLS AND OFFICE FEES MUST BE PREPAID.
 — No other fees are required to be prepaid.—

Name of Horse	USEF Number	Breed	Sire	Color	Sex	Height	Age

Classes Entered	Name of Rider	Age	Rider's USEF #	Developing Jumpers please CHECK HERE <input type="checkbox"/>
	1st Rider			Age must be stated above and all eligibility requirements met.
	2nd Rider			

UNITED STATES EQUESTRIAN FEDERATION, INC. 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 The Kentucky National (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, broadcasts, internet, film, new media 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 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 "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, 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.

Name of Person Receiving Prize Money if Different from Owner: _____

Stalls @ \$275/wk _____
 (Stalls must be prepaid)

Office Fee @ \$75/Horse _____
 (Office fees must be prepaid)

USEF Fee @ \$23 _____

Jumper Nomination @ \$225 _____

DJS Jumper Nomination \$100 _____

Qualified DJS Discount (-\$50) _____
 (Please state show _____)

Late Fee \$25 (after Sept. 3) _____

Nightwatch Fee \$15 _____

Early/Late Stalls per night \$50 _____

KHP Equine Facility Fee \$10 per horse _____

NonShowing Horse \$75 _____

Ship in Fee \$45 _____

Amount enclosed: _____

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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# _____	

*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.