

2010 TRADERS POINT HUNT CHARITY HORSE SHOW

SHOW DATES: AUGUST 10 – 15
ONLY ONE HORSE PER ENTRY BLANK

CLOSING DATE: JULY 16, 2010

WILD AIR FARMS, HUNT CLUB RD, ZIONSVILLE, IN
PLEASE PRINT OR TYPE CLEARLY - MAKE COPIES AS NEEDED

| NAME OF HORSE | Color | Sex | USEF/USHJA No. | Height | Year Foaled | Breed/Ctry Of Origin | Sire x Dam x Sire of Dam | Green Year | A-O Age | Measure Card |
|---------------|-------|-----|----------------|--------|-------------|----------------------|--------------------------|------------|---------|--------------|
| | | | | | | | | 1 | 2 | |

WRITE IN CLASS NUMBERS TO ENTER - JUMPERS HAVE UNTIL 5:00PM DAY BEFORE CLASS TO DECLARE

JUMPER SECTION _____

HUNTER CLASSES _____

EQUITATION CLASSES _____

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 (Traders Point Hunt Charity Horse Show) 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 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 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.

AGREEMENT AND HOLD HARMLESS: BY SIGNING THIS ENTRY FORM I ACKNOWLEDGE AND AGREE THAT: I seek voluntarily to participate in the Traders Point Hunt Charity Horse Show. The rules applicable to participation in the Traders Point Hunt Charity Horse Show have been made available to me, and if applicable, to my child and we are familiar with them. The organizers of the Traders Point Hunt Charity Horse Show have the right to refuse the attached entry for any reason they deem sufficient. In consideration of the acceptance of this entry, conduct of the Traders Point Hunt Charity Horse Show, and provision of the opportunity for prize money, ribbons and trophies, I assume the sole responsibility for and agree to defend, indemnify and hold Stadium Jumping, Inc., The Tampa Sports Authority, Raymond James Stadium, US Equestrian Federation, Inc., the Traders Point Hunt Charity Horse Show, its sponsors, and all of their directors, officers, members, agents, and employees, as well as individuals serving at the Traders Point Hunt Charity Horse Show in a volunteer capacity (collectively "the Competition") harmless from any claim whatsoever for expense, loss or injury to person or property, or death of any person or horse which may allegedly or actually arise out of or in connection with, or result from my, or my child's participation in the Traders Point Hunt Charity Horse Show, or as a result of or in connection with travel to or from the Traders Point Hunt Charity Horse Show site, whether or not caused by the negligence of the Traders Point Hunt Charity Horse Show, the negligence or willfulness of some third party, or by any other cause.

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

ALL SIGNATURES, ADDRESSES AND THE OWNERS SOCIAL SECURITY NUMBER MUST APPEAR ON THE ENTRY FORM IN ORDER FOR THIS ENTRY TO BE PROCESSED

Name of Person/Company Receiving Prize Money _____ SS#/FedID _____

Address: _____

| | |
|----------------------------------------------------------------------------------|------|
| _____ Stalls @ \$225 for 10'x10' | |
| _____ Stalls @ \$300 for 10'x12' | |
| _____ Grounds Fee \$35 if no stall | |
| _____ Paddock @ \$850 | |
| _____ Patrons Table @ \$500 | |
| _____ Camper Fee @ \$250 | |
| Jumper Nomination Fee \$200 | |
| USEF Federation Fee \$15 <small>(\$7 Drug and Med/\$8 Administration)</small> | |
| USEF Non Member Fee \$30 Owner _____ Rider _____ Trainer _____ | |
| USEF IHP Fee \$35 | |
| USHJA Non Member Fee \$30 Owner _____ Rider _____ Trainer _____ | |
| USHJA Zone Fee \$2 | |
| Office Fee | \$40 |
| _____ Riley Foundation Donation \$25 | |
| Total | |

Make Check Payable to and MAIL to
TRADERS POINT HUNT CHARITY HORSE SHOW
P.O. Box 402, Zionsville, IN 46077

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>X _____ Owner's Signature (mandatory)</p> <p>NAME _____</p> <p>STREET _____</p> <p>CITY _____</p> <p>STATE _____ ZIP _____</p> <p>TEL _____</p> <p>USEF/USHJA# _____</p> <p>OWNER'S EMAIL: _____</p> | <p>X _____ First Rider's Signature (mandatory)</p> <p>NAME _____</p> <p>STREET _____</p> <p>CITY _____ STATE _____</p> <p>ZIP _____ TEL _____</p> <p>RIDER'S USEF/USHJA# _____</p> <p>US Citizen yes ___ no ___</p> <p>EMAIL: _____</p> <p>X _____ Parent or Guardian Signature (required if rider is a minor)</p> | <p>X _____ Second Rider's Signature (mandatory)</p> <p>NAME _____</p> <p>STREET _____</p> <p>CITY _____ STATE _____</p> <p>ZIP _____ TEL _____</p> <p>RIDER'S USEF/USHJA# _____</p> <p>US Citizen yes ___ no ___</p> <p>EMAIL: _____</p> <p>X _____ Parent or Guardian Signature (required if rider is a minor)</p> | <p>X _____ Trainer's Signature (mandatory)</p> <p>NAME _____</p> <p>STREET _____</p> <p>CITY _____ STATE _____</p> <p>ZIP _____ TEL _____</p> <p>USEF/USHJA# _____</p> <p>TRAINER'S EMAIL: _____</p> <p>X _____ Coach's Signature (if applicable)</p> <p>NAME _____</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

STABLE WITH: _____ EMERGENCY CONTACT: NAME & CELL PHONE _____

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

| | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | |
| | Business name, if different from above | |
| | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | City, state, and ZIP code | |
| | List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| |
|--------------------------------|
| Social security number |
| or |
| Employer identification number |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,