

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	USEF/USHJA No.	Breed/Ctry Of Origin	Sire x Dam x Sire of Dam	Color	Sex	Year Foaled	Height	Green Year	A-O Age	Measure Card
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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 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'	
____ Paddock @ \$850	
____ Ringside 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 _____	
USHJA Non Member Fee \$30 Owner _____ Rider _____ Trainer _____	
USHJA Zone Fee \$2	
Office Fee	\$40
____ Riley Hospital For Children Donation of \$25	
Total	

Make Check Payable to
TRADERS POINT HUNT CHARITY HORSE SHOW
and MAIL to
1301 Sixth Ave West Suite 406, Bradenton, FL 34205
941-744-5465 / fax: 941-744-0874

<p>X _____ Owner's Signature (mandatory)</p> <p>NAME _____</p> <p>STREET _____</p> <p>CITY _____ STATE _____</p> <p>STATE _____ ZIP _____</p> <p>TEL _____</p> <p>USEF/USHJA# _____</p> <p>OWNER'S EMAIL: _____</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>	<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>
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RESERVE STABLING IN THIS NAME: _____ EMERGENCY CONTACT: NAME & CELL PHONE _____