Head of the Bay Classic II

August 2 - August 5, 2010

Entries Close July 1, 2010

Farm Name _____

PRE-ENTRIES MUST BE ACCOMPANIED BY PAYMENT OR SIGNED CHECK

NAME OF HORSE OR PONY	HORSE RECORDING OR ID #	COLOR	SEX	HEIGHT	AGE	MEASUREMENT CARD #	HORSE/PONY
							Sm. Med Lg.

NAME OF RIDER ONE	AGE	USEF/USHJA#	ASPCA #	NEHC#	MHC #	CLASSES /DIVISIONS

NAME OF RIDER TWO	AGE	USEF/USHJA#	ASPCA #	NEHC#	MHC #	CLASSES /DIVISIONS

OWNER OR AUTHORIZED AGENT	RIDER ONE	TRAINER
Owner Name	Rider Name	Trainer Name
Address	Age	Address
City/State/Zip	Address	City/State/Zip
Telephone	City/State/Zip	Telephone
Agent Name	USEF/USHJA #	USEF #
USEF/USHJA #	**RIDER TWO**	
TAXPAYER INFORMATION	Rider Name	
Name	Age	
Mailing Address	Address	
SS or Fed ID #	City/State/Zip USEF/USHJA #	

CLOSING DATE: JULY 1, 2010

MAIL TO: Grazing Fields, Inc.
210 Bournedale Road
Buzzards Bay, MA 02532

PHONE: 508-759-3763 FAX: 508-759-8653

Farm

MAKE CHECKS PAYABLE TO:
Grazing Fields Farm
Horse Shows

RIDER 1 - Entry Fee	
Stall Fee $175/Week	
RIDER 2 - Entry Fee	
Post Entry Fee $25	
Office/EMT/MHC	25.00
USEF Drug Test $7 & Administrative Fee $8	15.00
USEF Jr. Non-Mem. Fee $20 USEF Sr. Non-Mem. Fee $25	
Zone Fee	2.00
USHJA Non-Mem. Fee $30	
NEHC/MHC Affidavit Fee $25	
GROOM'S CLASS DONATION	
Credits/Purses	
ACCOUNT BALANCE	
TOTAL AMOUNT DUE	
AMOUNT ENCLOSED	

OFFICE USE ONLY

RIDER 1:
CHECK # _____
PAID CASH $_____

RIDER 2:
CHECK # _____
PAID CASH $_____

FEDERATION 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 Grazing Fields Farms Horse Shows ("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 from the competition, and agree that any actions against the Federation must be brought in New York State.

I AGREE in consideration for my participation in this Competition Grazing Fields Farm Horse Shows 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, NEHC, MHC 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 t**o expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation, NEHC, MHC or the Competition.
- **I AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation, NEHC, MHC 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 GR 801 and EV 114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me do so 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", "NEHC", "MHC" and "Competition" as used above includes all of their 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.

Rider/Driver/Handler/ Vaulter/Longeur (mandatory)	Owner/Agent (mandatory)	Trainer (mandatory)	Coach (if applicable)
SIGNATURE: _____	SIGNATURE: _____	SIGNATURE: _____	SIGNATURE: _____
PRINT NAME: _____	PRINT NAME: _____	PRINT NAME: _____	PRINT NAME: _____

PARENT/GUARDIAN SIGNATURE (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor): _____

PRINT PARENT/GUARDIAN NAME: _____ EMERGENCY CONTACT PHONE NO: _____

Is Rider/Driver/Vaulter a U.S. Citizen: _____ Yes _____ No