

PLYMOUTH ROCK HUNTER/JUMPER

Pre-Entries Close June 5, 2019

JUNE 19-23 2019

Horse's Name _____ USEF/USHJA# _____ Color _____ Sex _____ Height _____ Age _____ sm. _____ med _____ lg _____ Measure # _____ Stabling With _____ Arrive date _____

OWNER

Owner Name _____ DOB _____
 Street Address _____
 City/Town _____ State _____ Zip _____
 Email _____ Cell Phone # _____
 USEF/USHJA# _____ NEHC# _____ MHC# _____

RIDER ONE

Rider Name _____ DOB _____
 Street Address _____
 City/Town _____ State _____ Zip _____
 Email _____ Cell Phone # _____
 USEF/USHJA# _____ NEHC# _____ MHC# _____

TRAINER

Trainer Name _____
 Street Address _____
 City/Town _____ State _____ Zip _____
 Email _____
 Cell Phone _____
 USEF/USHJA# _____ NEHC# _____ MHC# _____

Fieldstone Show Park & User, NEHC, MHC Entry Agreement
 I have read the USEF Entry Agreement (GR 906.4) 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, the 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 at FSP Halifax, MA 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, 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 on the showgrounds prior to, during or after 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 on the showgrounds prior to, during or after 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.

BY SIGNING This Entry Form, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this prize list. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

WARNING UNDER MASSACHUSETTS LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

RIDER TWO

Rider Name _____ DOB _____
 Street Address _____
 City/Town _____ State _____ Zip _____
 Email _____ Cell Phone # _____
 USEF/USHJA# _____ NEHC# _____ MHC# _____

RECIPIENT OF PRIZE MONEY

Individuals Name / or Corporation _____
 Email Mandatory Print Clearly _____
 S.S. # or Fed ID # _____
 Street Address _____ Cell Phone # _____
 City/Town _____ State _____ Zip _____

MANDATORY TRAINER SIGNATURE

Signature _____
 Print Name _____
 Parent / Guardian Signature required if rider is a minor _____

MANDATORY RIDER SIGNATURE

Signature _____
 Print Name _____
 Parent / Guardian Signature required if rider is a minor _____

MANDATORY OWNER/AGENT SIGNATURE

Signature _____
 Print Name _____
 Parent / Guardian Signature required if rider is a minor _____

CHECKS PAYABLE TO FIELDSTONE SHOW PARK
 Mail Entries: Charlene Brown, 22 South Mayd St.,
 Newport, RI 02840
 Fax to : 401-848-2985 / Phone 401-849-2696
 Email: Cimnbayinc@aol.com
 Copy of Check must accompany faxed entries

ENTER ONLINE AT WWW.HORSESHOWING.COM

MAY SHOW
 RED BARN STALL FEE \$250 X _____ STALLS = \$ _____
 PREMIUM TENT STALL FEE \$500 X _____ STALLS = \$ _____
 NIGHT WATCH FEE MANDATORY PER HORSE \$20 _____
 PADDOCKS LIMITED FIRST COME \$500 _____
 JUMPER NOMINATION \$175 _____
 LATE JUMPER NOMINATION \$225 _____
 OFFICE FEE \$55 _____
 USEF Show pass \$45 _____
 USHJA Show pass \$30 _____
 POST ENTRY FEE \$50 _____
 RV PARKING \$350 _____
 OTHER _____
 INCOMPLETE ENTRY FORM (PER OMISSION) \$5 X _____ = \$ _____

PREPAYMENT CASH \$ _____ Check \$ _____ Credit Card \$ _____
 TOTAL \$ _____

ENTRIES WILL NOT BE EXCEPTED WITHOUT A CREDIT CARD OR CHECK
 CREDIT CARD INFORMATION

CREDIT CARD # _____ / _____ AMOUNT CHARGED \$ _____ CV# _____

EXPIRATION DATE: _____ / _____

NAME ON CARD _____ ZIP _____

ADDRESS _____

SIGNATURE _____

MANDATORY MINORS PARENT SIGNATURE

Minors Parent Emergency contact # _____

Parent Signature _____