

SUSSEX COUNTY HORSE SHOW OUTREACH ENTRY FORM

Fax: 303-482-0289

Please make check payable to: SCFHS

SHOW DATE: _____

Back #	Name of Horse	USEF #	Color	Sex	Ht.	Age	Green Year	Horse/Pony
							1st 2nd	Sm Md Lg
Name of Rider #1		Age	USEF #	Classes:				
Name of Rider #2		Age	USEF #	Classes:				
Owner or Authorized Agent			Rider # 1					
Owner's Name:		Rider Name:		Trainer Name:				
Address:		Address:		Address:				
Phone #:		Phone #:		Phone #:				
Owner USEF #:		Rider USEF #:		Trainer USEF #:				
Recipient of Prize Money Awards <input checked="" type="checkbox"/>								
SSN or Tax ID: _____								

Entry Fees:	
Classes:	\$
Schooling Fee: \$10 each	\$ 10.00
Office Fee:	\$ 15.00
Post Entry Fee \$ 25 fee	\$
TOTAL FEES:	\$

Credit Card Payments:

Mastercard Discover
 VISA AMEX

Card Account Number: _____

Expiration Date: _____ Credit Card CVV#: _____

Name on Card: _____

YES, I would like to receive emails about upcoming Sussex County Farm and Horse Show events: **Email** _____

USHJA OUTREACH ENTRY AGREEMENT

By entering this OUTREACH COMPETITION and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Rules of The SUSSEX COUNTY BENEFIT SHOW rules and regulations and the local rules of the competition. I will accept as final the decision of the management on any question arising under the Rules, and agree to release and hold harmless the competition, SUSSEX COUNTY BENEFIT SHOW, 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, SUSSEX COUNTY BENEFIT SHOW 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. 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. 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 "SUSSEX COUNTY BENEFIT SHOW 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, vaultor, 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 SUSSEX COUNTY BENEFIT SHOW, 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 SUSSEX COUNTY BENEFIT SHOW 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) SUSSEX COUNTY BENEFIT SHOW 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 Rules AND REGULATIONS about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that SUSSEX COUNTY BENEFIT SHOW 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 SUSSEX COUNTY BENEFIT SHOW office staff. BY SIGNING BELOW, I AGREE to be bound by all applicable competition 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.

OWNER: _____ **RIDER:** _____ **TRAINER:** _____

SIGNATURE: _____ **SIGNATURE:** _____ **SIGNATURE:** _____

PRINT NAME: _____ **PRINT NAME:** _____ **PRINT NAME:** _____

PARENT/GUARDIAN _____ **PARENT/GUARDIAN:** _____

SIGNATURE (required if rider is a minor) _____ **PRINT NAME** _____