

High Prairie Fall Preview

September 6-9, 2007

Entries Close Tuesday August 21, 2007

For Information Contact,
Charlotte Skinner at:
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Send Entries To:
High Prairie Fall Shows
480 W. Riverside Dr., Ste. 1
Burbank, CA 91506

OWNER OR AUTHORIZED AGENT	
Name	
Address	
City/State/Zip	
Phone ()	USEF / USHJA #
Email	CHJA
SS# _____ or FED ID# _____	

TRAINER / COACH	
Name	
Barn Name	
Address	
City/State/Zip	
Phone ()	USEF / USHJA #
Email	CHJA

PRIZE MONEY PAYEE (if different from Owner / Agent)	
Payable To	
Address	
City/State/Zip	
SS# _____ or FED ID# _____	
Arrival Date:	Stable With:

RIDER ONE (1) INFORMATION	
Name	
Address	
City/State/Zip	
USEF / USHJA #	US Citizen? (Circle one): YES NO
Amateur - Circle Age 18-35 36-49 50&O	Junior - Birthdate
Email	CHJA

RIDER TWO (2) INFORMATION	
Name	
Address	
City/State/Zip	
USEF / USHJA #	US Citizen? (Circle one): YES NO
Amateur - Circle Age 18-35 36-49 50&O	Junior - Birthdate
Email	CHJA

Office Use	NAME OF HORSE				HORSE USEF # and TYPE			RIDER	SECTION OR CLASS # ENTERED				
					<input type="checkbox"/> Rec # <input type="checkbox"/> ID #			1					
	Color	Age	Sex	Height	Circle Green Status 1st Yr 2nd Yr	Circle Junior Hunter or Pony Size Small Medium Large		<input type="checkbox"/> Measurement <input type="checkbox"/> Card Verified	2				

USEF ENTRY AGREEMENT

I have read the USEF Entry Agreement (GR 1502.4) 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.

USEF Equestrian 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, Woodside 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 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 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 at the Competition. I have read the Federation Rules about protective equipment, including GR318 and GR1713, 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 child's participation and AGREE to all the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf.

I AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations, as well as Langer Equestrian Group.

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.

DEPOSIT AMOUNTS DUE WITH THIS ENTRY

Entry Deposit	\$50 x _____ = \$ _____
Stalls	\$150 x _____ = \$ _____
Late Stalls	\$175 x _____ = \$ _____
Low Jmpr Nominating Fee	\$50 x _____ = \$ _____
High Jmpr Nominating Fee	\$100 x _____ = \$ _____
Paddocks	\$175 x _____ = \$ _____
RV Space (w/hookups)	\$175 x _____ = \$ _____
TOTAL AMOUNT ENCLOSED	\$ _____

OWNER / AGENT (Mandatory)	RIDER / HANDLER 1 (Mandatory)	RIDER / HANDLER 2
Signature:	Signature:	Signature:
Print Name:	Print Name:	Print Name:
TRAINER / COACH (Mandatory)	PARENT / GUARDIAN (If Rider 1 is a minor)	PARENT / GUARDIAN (If Rider 2 is a minor)
Signature:	Signature:	Signature:
Print Name:	Print Name:	Print Name:

OFFICE USE ONLY	MISC. FEES
Postmarked: ____/____/____	Grounds Fee \$25
Ck # _____ Amt: _____	Hnter/Eq Fee \$35
	Late Fee \$50
	USEF Drug \$7
	USEF Fee \$5
	USEF N/M \$20
	Breed/Disc \$5
	USHJA N/M \$20
Entries Must Be Postmarked	
By August 21, 2007	

