2019 LEXINGTON NATIONAL HORSE SHOW

Enclose and make checks payable to: Virginia Horse Center and mail to 487 Maury River Rd., Lexington, VA 24450.

HORSE					USEF REC. #	RIDER #1	ASPCA #	VHSA #	RIDER DATE OF BIRTH
COLOR	SEX	HT.	AGE	BREED		RIDER #2	ASPCA #	VHSA #	RIDER DATE OF BIRTH

Division Entries
(PUT #1 FOR REGULAR RIDER AND #2 FOR ALTERNATE RIDER)

GRN CONF	GRN 3'	GRN 3'3"	GRN 3'6"	GRN 3'9"	HIGH PERF HTR	HP CONF HTR	PERF HTR 3'3"	PERF HTR 3'6"	A/O YNG 3'6"	A/O OLD 3'6"	A/O YNG 3'3"	A/O OLD 3'3"	YNG 3'3" JR	OLD 3'3" JR

YNG SM JR	OLD SM JR	YNG LG JR	OLD LG JR	S/M GR PNY	LG GR PNY	SM PNY	MED PNY	LG PNY	YNG A/A	MID A/A	OLD A/A	YNG CH	OLD CH	SM HTR	TAKE2 3' HTR	S/M CH PNY	LG CH PNY	3' LOW HTR	2'6" SCHL HTR	2'9" OPEN HTR	2'9" LOW HTR	BABY GRN HTR	3,4,5 HTR	2'9" LEX HTR	LIMIT HTR

PRE AD HTR	PRE CH HTR	2'3" MAID HTR	LONG STIR HTR	SHORT STIR HTR	SPEC AD HTR	SPEC CH HTR	2'3" INT HTR	JR PLEAS HTR	AD PLEAS HTR	PNY PLEAS HTR	2'6" NOV HTR	2'6" TB HTR	SCH PNY HTR	VPBA PNY HTR	2'6" NOV EQ	2'3" BEG EQ	SIDE SDL	2' USHJA HTR	2'3" USHJA HTR	2'6" USHJA HTR	2'9" USHJA HTR	3' USHJA HTR	6 & U HTR	HOPE HTR	NON PRO HTR

Reserve _____ stalls @ $250 per horse.	
or Grounds Fee: $50 per entry	
Non-Showing Horse Fee @ $100	
USEF Fee @ $23 per horse ($8 D&M, $15 USEF) USHJA Fee	$23 $7
USHJA Show Pass fee @ $45	
USEF Show Pass fee @ $30	
Office Fee: $50	$50
Security/Medic/Night Watch Fee	$20
Voluntary Tax Deductible Donation for VHC Foundation $10 or more	
Late Fee: $50 For entries POSTMARKED after 7/29/19	
Paid $ _____ Check # _____	

COGGINS MUST BE TURNED IN TO HORSE SHOW OFFICE

EQUITATION, JUMPERS AND NON-DIVISION CLASS NUMBERS

RIDER 1

RIDER 2

United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) 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 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 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.

BY SIGNING BELOW, 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. BOD 1/23/11 Effective 12/1/11

CAMPER SPOTS RESERVED AT www.vahorsecenter.org

ONLINE ENTRIES AVAILABLE AT HORSESHOWSONLINE.COM

Call Bedding and Golf Cart Orders in to 540-464-2966 Must have open check or credit card

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor)_____

Print Parent/Guardian Name: _____ Emergency Contact Phone Number: _____

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

EMERGENCY CONTACT NUMBER:

Stable with (list TRAINER'S OR FRIEND'S LAST NAME. NOT FARM NAME):

Coach (if applicable)

Signature: _____

Print Name: _____

USEF # _____

Owner or Agent (mandatory)

Signature: _____

Print Owner Name: _____

Address: _____

_____

USEF # _____ Cell _____

E-mail _____

SS# _____

Rider #1 (mandatory)

Signature: _____

Print Name: _____

Address: _____

_____

USEF # _____ Cell _____

E-mail _____

Rider #2 (mandatory)

Signature: _____

Print Name: _____

Address: _____

_____

USEF # _____ Cell _____

E-mail _____

Trainer (mandatory)

Signature: _____

Print Name: _____

Address: _____

_____

USEF # _____ Cell _____

E-mail _____

Alternate Payee: _____ NAME _____ SSN _____ FULL ADDRESS