

**Alpine Farms Classic**

**Entries close May 26, 2010**

**Enclose Copies of Cards & Coggins**

PRINT  
**Owner Name** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_  
 SS/Fed ID# \_\_\_\_\_  
*Please send copies of USEF/USHJA Membership Cards & Measurement Cards*  
See below for signatures

**Make checks payable to: Alpine Farms**  
**Mail entries to: Patty Humphries**  
**229 Ridgewood Court**  
**Waconia, MN 55387**  
**952-442-5321**

*This entry form MUST include: Name of horse and complete description, name of owner, address, name of Trainer, and classes that you intend to compete in.*

PRINT  
**Trainer Name** \_\_\_\_\_  
 Barn Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Barn Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_  
*Please send copies of USEF/USHJA Membership Cards*  
See below for signatures

HORSE NAME					USEF HORSE#	RIDER	Age
Color	Sex	Ht	Age	Green	EC HORSE#	RIDER	Age
				1 2			

CLASSES					

I have read the USEF Entry Agreement (GR 906.4) as printed in the Prize List for Alpine Farms Classic 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 waiver 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.

**USEF 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, Alpine Farms Classic, 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, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware 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 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 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 the 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.**

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
**Rider/Driver/Handler (mandatory)**      **Trainer Signature (mandatory)**      **Owner Signature (mandatory)**  
*(Parent/Guardian if Rider/Driver/Vaulter/ Longeur is a minor)*  
 Print Name \_\_\_\_\_      Print Name \_\_\_\_\_  
 X \_\_\_\_\_  
**Coach Signature**  
 Print Name \_\_\_\_\_  
 X \_\_\_\_\_  
**Rider/Driver/Handler (mandatory)**  
*Parent/Guardian if Rider/Driver/Vaulter Longeur is a minor*  
 Print Name \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_  
 Is Rider/Driver/Vaulter a U.S. Citizen: \_\_\_ Yes \_\_\_ No

PRINT  
**Rider Name** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_  
 ASPCA# \_\_\_\_\_  
*Please send copies of USEF/USHJA numbers/measurements*  
See below for signatures

PRINT  
**Rider Name** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/ State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 USEF/USHJA# \_\_\_\_\_  
 ASPCA# \_\_\_\_\_  
*Please send copies of USEF/USHJA numbers/measurements*  
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Total Class Fees	\$ _____
Stabling Fee: \$140/week	\$ _____
Overnight Stabling: \$80.00 which night _____	\$ _____
Full Day Stabling: \$45.00 which day _____	\$ _____
Office/Facility Fee	\$ <b>25.00</b>
USEF (Drug \$7-USEF \$8)	\$ <b>15.00</b>
USEF Non Member	\$ 30.00
USHJA Non Member	\$ 30.00
USHJA \$2.00 zone fee	\$ <b>2.00</b>
Late Fee (If Postmarked after 5/26/10) \$ 50.00	_____
Amount Enclosed \$ _____	Check # _____
Stable With _____	_____