

Make checks payable to:WTHJA
 Mail to: Barney Mallace
 8411 Woodmanor Cv.
 Cordova, TN 38016

Spring Time Encore
 April 11-15, 2012
 Entries Close March 24th, 2012

PLEASE....
 NO...FAXED...ENTRIES...

HORSE / PONY NAME	HORSE / PONY USEF #	Sex	Color	Breed	Height	Age	Green		Jr. Hunters / Ponies		
							1st yr	2nd yr	Small	Medium	
Classes Entered		Rider Name						ASPCA#			
		Rider #1					Birthdate:				
		Rider #2					Birthdate:				
		Rider #3					Birthdate:				

Owner/Agent		Rider #2	
Print Name	_____	Print Name	_____
Street	_____	Street	_____
City	_____	City	_____
State	_____ Zip _____	State	_____ Zip _____
Phone#	_____	Phone#	_____
USEF #	_____	USEF #	_____
EMAIL	_____	EMAIL	_____
Trainer		Rider #3	
Print Name	_____	Print Name	_____
Street	_____	Street	_____
City	_____	City	_____
State	_____ Zip _____	State	_____ Zip _____
Phone#	_____	Phone#	_____
USEF #	_____	USEF #	_____
EMAIL	_____	EMAIL	_____
Rider #1			
Print Name	_____		
Street	_____		
City	_____		
State	_____ Zip _____		
Phone#	_____		
USEF #	_____		
EMAIL	_____		

PRIZE MONEY RECIPIENT INFORMATION		
**** must be completed ****		
Recipient name: _____		
SS# / Tax ID #: _____		
Recipient Address: _____		
City: _____	State: _____	Zip: _____

	Medic Fee--\$15	\$15
	Stalls paid before closing--\$180	
	Stalls after March 24th--\$200	
	Office Fee--\$50 / Late Fee--\$50	\$50 or \$100
	Jumper Nominating Fee--\$150	
	USEF or USHJA NM fee--\$30	
	USHJA Zone support fee--\$2	\$2
	USEF Fee (Drugs & Med \$8/USEF \$8)	\$16
	Non-Showing Horse fee--\$100	
	Grounds Fee--\$50	
	Scratch Fee--\$50	

**DON'T FORGET
 VVVVVVV**

**SIGNATURES REQUIRED
 ON THE BACK !!**

Credit Card#	_____		
exp. Date:	_____	v-code:	_____
Cardholder	_____		circle one below: VISA / MASTERCARD

STABLE WITH: _____

Emergency contact # _____

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, 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

<p><u>Owner/Agent (mandatory)</u></p> <p>Signature _____ (or Parent / Guardian)</p> <p>Print Name _____ (or Parent / Guardian)</p>	<p><u>Trainer (mandatory)</u></p> <p>Signature _____ (or Parent / Guardian)</p> <p>Print Name _____ (or Parent / Guardian)</p>	<p><u>Rider #1 (mandatory)</u></p> <p>Signature _____ (or Parent / Guardian)</p> <p>Print Name _____ (or Parent / Guardian)</p>
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<p><u>Rider #2 (mandatory)</u></p> <p>Signature _____ (or Parent / Guardian)</p> <p>Print Name _____ (or Parent / Guardian)</p>	<p><u>Rider #3 (mandatory)</u></p> <p>Signature _____ (or Parent / Guardian)</p> <p>Print Name _____ (or Parent / Guardian)</p>	<p><u>Coach (if applicable)</u></p> <p>Signature _____ (or Parent / Guardian)</p> <p>Print Name _____ (or Parent / Guardian)</p>
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Is Rider a U.S. citizen? **(Rider #1 _____ Yes _____ No)** **(Rider #2 _____ Yes _____ No)** **(Rider #3 _____ Yes _____ No)**