

ONE OWNER PER FORM USEF # _____ AMHA # _____
 UPHA # _____ USDF # _____
 OWNER _____
 ADDRESS _____
 PHONE _____
 EMAIL _____
 PLEASE STABLE WITH _____

**BUCKEYE MORGAN CHALLENGE
 HORSE SHOW**

AUGUST 8-11, 2018

ENTRIES CLOSE JULY 9th

ENTRIES POSTMARKED AFTER JULY 9th
 SUBJECT TO \$25 FEE PER HORSE.

ENTRIES STILL NOT RECEIVED BY AUGUST 3rd
 SUBJECT TO \$45 FEE PER HORSE.

NO DRESSAGE POST ENTRIES AFTER JULY 25th

Please make checks payable to
OMHA
 and return with this form to:

Linda Burke, Secretary
435 Middle Rd.
Horseheads NY 14845

607-739-6169

Email : LBURKE1177@yahoo.com

EB#

Entry #	Horse Name #1				Reg. #	Sex	DOB	Sire	Dam
					USDF				
	Classes					Shown By			
Classes					Shown By				
Entry #	Horse Name #2				Reg. #	Sex	DOB	Sire	Dam
					USDF				
	Classes					Shown By			
Classes					Shown By				

TOTALS

HORSE #1
 entry fees _____

HORSE #2
 entry fees _____

USEF DRUG FEE
 \$23 PER HORSE _____
 (INCLUDES \$16 D&M)

HORSE STALLS
 @ \$100 _____

TACK STALLS
 @ \$100 _____

CAMPER FEE
 @ \$35 per night _____

USEF
 SHOW PASS
 FEE @ \$45 _____

AMHA
 NON-MEMBER
 FEE @ \$45 _____

OFFICE FEE
 @ \$25 per horse _____

POST ENTRY
 @ \$25 per horse
 POSTMARKED
 after July 9th _____

LATE FEE
 @ \$45 per horse
 for entries still not
 RECEIVED before
 August 3rd _____

MONDAY ARRIVAL
 @ \$25 per horse _____

PRE-BEDDING
 SERVICE
 @ \$10 per
 stall bedded _____

SHOWING OUT
 OF TRAILER
 @ \$25 per day _____

TOTAL _____

Make checks payable to "OMHA"
Non-US checks must be marked "Payable in US Funds"
If you wish to charge your entries, please fill out the following:

VISA MC

EXPIRATION DATE _____ SEC CODE _____

SIGNATURE _____

Rider #1 _____

Address _____

City, State, ZIP _____

USEF# _____ AMHA# _____ UPHA# _____ USDF# _____

Rider #2 _____

Address _____

City, State, ZIP _____

USEF# _____ AMHA# _____ UPHA# _____ USDF# _____

OFFICE USE ONLY

REG COG
 RABIES SIG
 PD CC
 CK# _____

Rider #1 needs the following

USEF# AMHA#
 UPHA# Address

Rider #2 needs the following

USEF# AMHA#
 UPHA# Address

Owner needs the following

USEF# AMHA#
 UPHA# Address

Trainer needs the following

USEF# AMHA#
 UPHA# Sign
 Address

UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT

Please use this form to list all your customers who are to be stabled with you, including those sent in separately. Requests from entries to be stables with you will not be considered unless their name appears on the list below.

Owners Name	# Stalls
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

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.

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 above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

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.

RIDER/DRIVER/HANDLER/ Vaulter/Longeur (mandatory)	OWNER/AGENT (mandatory)	TRAINER (mandatory)	COACH (if applicable)
_____	_____	_____	_____
Signature	Signature	Signature	Signature
_____	_____	_____	_____
_____	_____	Address	_____
_____	_____	_____	_____
Print Name	Print Name	AMHA _____	Print Name
_____	_____	USEF _____	_____

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

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

Warning: Under Ohio law, an equine activity sponsor or professional shall not be liable for any injury to, or the death of a participant in equine activities resulting from the inherent risk of equine activities. Code of Ohio HB 564.