

Office Use Only	<input type="checkbox"/> Capital Challenge Equitation Show September 29 - October 1, 2017	<input type="checkbox"/> Capital Challenge Horse Show October 2 - 8, 2017	Stable With:			
		Arrival Date/Time		Departure Date		
Name of Horse or Pony			USEF #	Color	Sex	
			Height	Foaled	Green Year	
					<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Name:	Birth Date	Name:	Birth Date			
Rider 1	mm/dd/yy	Rider 2	mm/dd/yy			
Rider 1		Rider 2				
Classes		Classes				

USEF 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. 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, 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. **I AGREE that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable-casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. 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.

	Eq Wknd	AA
Horse Watch each week	\$20	\$20
USEF Federation Fee:	\$16	\$16
USHJA Fee:	\$2	\$7
USHJA Foundation's Horseman's Assistance Fund	\$5	\$5
USHJA ShowPass Fee: \$30.00		
USEF ShowPass Fee: \$30.00		
Video Fee:		\$25
Entry Processing Fee:		\$150
Total Entry Fees =		
Number of Stall(s)	@ \$325.00 =	
Make Checks Payable to: Capital Challenge Horse Show		Total Due =
Amount Enclosed -		
MUST ENCLOSE ALL Stall Fees		
+ \$150 Processing fee =		

**NO FAXED or
EMAILED ENTRIES**

TO SUBMIT ONLINE ENTRIES
<https://entries.showmanagementsystem.com>

Mailing address:
PO Box 457 Brookeville, MD 20833
Overnight Only:
3510 Elton Farm Road Brookeville, MD 20833

EMERGENCY CONTACT
Name & Phone Number:

Trainer Signature: _____
Trainer USEF #: _____
Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email Address: _____

ENTRIES CLOSE
Sept. 1, 2017

**GREEN HUNTERS: In
order for your entry to be
accepted you MUST
indicate below your
1st, 2nd and 3rd choice
of section. MANDATORY!**

- 3'3"
- 3' Open
- 3' Open Sec B
- Mares 3'
- Mares 3'3"
- Colts & Geldings

Owner Signature:	Rider 1 Signature:
Owner USEF #: _____	Rider 1 USEF #: _____ Age: _____
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
SS#/TIN# _____	Email Address: _____
Corporation? Yes _____ No _____	
Email Address: _____	Rider 2 Signature:
	Rider 2 USEF #: _____ Age: _____
	Name: _____
	Address: _____
	City/State/Zip: _____
	Phone: _____ Fax: _____
	Email Address: _____
Alternate Prize Money Payee:	
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____ Fax: _____
SS#/TIN# _____	Email Address: _____
Parent/Guardian Signature (Required if rider is a minor): _____	