



Big D Charity Horse Show
Las Colinas Equestrian Center

AMERICAN SADDLEBRED
ONE OWNER PER PAGE

Mail completed forms to:
Big "D" Charity Horse Show
P.O. Box 868037
Plano, Texas 75086-8037

MAKE PAYMENT CHECKS PAYABLE TO: OWNER TRAINER

FOR OFFICE USE ONLY	NAME OF HORSE CLASS NUMBERS UNDER NAME	AGE	SEX	HT	REGISTRATION NUMBER	RIDER OR DRIVER	RIDER/DRIVER U.S.E.F. NUMBER	OWNER NAME COMPLETE ADDRESS, CITY, STATE AND ZIP CODE	U.S.E.F. MEMBER #	ASHA/AHHS MEMBER #
						LIST CLASS #'S		Name		
						LIST CLASS #'S		Address		
						LIST CLASS #'S		Name		
						LIST CLASS #'S		Address		
						LIST CLASS #'S		Name		
						LIST CLASS #'S		Address		
						LIST CLASS #'S		Name		
						LIST CLASS #'S		Address		
						LIST CLASS #'S		Name		
						LIST CLASS #'S		Address		
						LIST CLASS #'S		Name		
						LIST CLASS #'S		Address		
						LIST CLASS #'S		Name		
						LIST CLASS #'S		Address		
						LIST CLASS #'S		Name		
						LIST CLASS #'S		Address		

ALL SADDLEBRED ENTRIES MUST BE ACCOMPANIED BY AN UPDATED COPY OF EACH HORSE'S REGISTRATION PAPERS.

Address while staying in Dallas: _____

Stable with: _____

Date and time of arrival: _____

ENTRIES CLOSE APRIL 13

ALL HORSES MUST HAVE A NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF THE SHOW AND HEALTH PAPERS CURRENT WITHIN 42 DAYS.

CONSENT FOR MINOR TO SHOW

Name of Minor: _____

Signature of Parent or Guardian: _____

MAKE CHECKS PAYABLE TO:



Mail Entries to: **Big "D" Charity Horse Show**
P.O. Box 868037 • Plano, Texas 75086-8037
Telephone: (972) 612-8007

Signatures required on reverse side of form/over

SHAVINGS MAY BE RESERVED FOR \$9.00 PER BAG BY CALLING (972) 612-8007. EXHIBITORS MAY NOT BRING THEIR OWN SHAVINGS.

Total Number of Stalls including Tack Stalls.....	_____
Stall Fees @ \$90 Each	_____
Total Entry Fees	_____
U.S.E.F. Equestrian Fees @ \$15 per horse	_____
(\$7.00 Drugs and Medication, \$8.00 U.S.E.F.)	
U.S.E.F. Non-Mem Fees @ \$30 each	_____
Shavings @ \$9 per bag.....	_____
RV/Camper Hook-up @ \$20 per Day.....	_____
<small>Reservations Required</small>	
Office Fee @ \$20 per horse.....	_____
Class Sponsor	_____
Trophy Sponsor	_____
Box Seats \$300.....	_____
TOTAL AMOUNT OF CHECK	_____

Federation Entry Agreement

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of **Big D Charity Horse Show** (Competition). I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also 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. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

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, vaultor, 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.

Rider/Driver/Handler/Vaultor/longeur (mandatory)

Owner/Agent (mandatory)

Trainer (mandatory)

Coach (if applicable)

X _____

Rider/Driver/Handler/Vaultor/Longeur's Signature

X _____

Owner/Agent's Signature

X _____

Trainer's Signature

X _____

Coach's Signature

Print Name: _____

Print Name: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

Trainer's Address: _____

Ph: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Email: _____

USEF #: _____ Email: _____

Email: _____

Ph: _____ Cell Ph: _____

ASHA #: _____ USEF #: _____

Email: _____

AHHS #: _____

ASHA #: _____ USEF #: _____

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

AHHS #: _____

Print Parent/Guardian Name: _____ Emergency Contact Phone No. _____

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