Kentucky Summer Horse Show **July 27 -31** ☐

Check boxes for shows entered

Kentucky Summer Classic **Aug 3 - 7** ☐

MAKE CHECKS PAYABLE TO KENTUCKY SUMMER HORSE SHOWS

ENTRIES CLOSE JUNE 28, 2011

MAIL ENTRIES TO:
Kentucky Horse Shows
1517 Richmond Road
Lexington, KY 40502
859-457-0219

ARRIVAL DATE:

STABLE WITH:

STALL FEES MUST ACCOMPANY ENTRY FORM OR IT WILL BE RETURNED

Check Boxes for Hunter Sections	Horse Name	USEF#	Color	Sex	Height	Yr Foaled	Green Year 1 2	Measurement	A/O Age

1st Yr Green	2nd Yr Green	Green Conf Hunter	High Perf Hunter	Reg Conf Hunter	Perf Hunter 3'3"	Perf Hunter 3'6"-3'9"	A/O Hunter 18-35	A/O Hunter 36+	A/O Hunter 3'3"	Small Junior 15/U	Small Junior 16-17	Large Junior 15/U	Large Junior 16-17	Sm/Med Green Pony	Large Green Pony	Small Pony	Med Pony	Large Pony	Adult Amateur 18-35	Adult Amateur 36-49	Adult Amateur 50+	Child Hunter 14/U	Child Hunter 15-17	Child Hunter Pony	Unrest Child/ Adult Hunter	Pre Green 3'	Pre Green 3'3"	Special Hunter	Baby Green Hunter	Pre Adult Hunter	Interm. Adult Hunter	Pre Child Hunter	Interm. Child Hunter	Short Stirrup Hunter
WRITE IN CLASS NUMBERS FOR MISCELLANEOUS CLASSES AND EQUITATION																																	

Federation Entry Agreement

I have read the United State Equestrian Federation, Inc. (The "Federation") Entry Agreement (GR906.4) as printed in the Prize List for The Kentucky Summer Horse Shows ("Competition") and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, Prize List and local rules of the competition. I agree to waive the right to the use of my photos from the Competition, and agree that any actions against the federation must be brought in NY State.

EMERGENCY CONTACT INFORMATION

Name: _____

Phone: _____

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, vaulter, longer, 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 EV1 14, 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 represent that I have the requisite training, coaching and abilities to safely compete at 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 further AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

PLEASE ENCLOSE SEPARATE CHECK FOR EACH SHOW. CREDIT CARDS NOT ACCEPTED

Owner Signature:

Owner USEF#: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone _____ Fax _____

SS#/TIN# _____

Corporation? Yes ☐ No ☐

Email Address: _____

ALTERNATE PRIZE MONEY PAYEE:

Name: _____

Address: _____

City/State/Zip: _____

Phone _____

SS/FedID#: _____

Rider 1 Signature:

Rider 1 USEF#: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone _____ Fax _____

Email Address: _____

Rider 2 USEF#: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone _____ Fax _____

Email Address: _____

Signature: _____

Parent/Guardian Signature(Required if rider is a minor) _____

Trainer Signature:

Trainer USEF#: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone _____ Fax _____

Email Address: _____

Total Entry Fee	Week 1	Week 2
Stall - Box Stall @ $225		
Stall - Tack Stall @ $225		
USEF Non Member Fee: $30		
USHJA Non Member Fee: $30		
Administration Fee @ $50	$50	$50
USEF Fee: Drug @ $7 Admin @ $8		
Zone Support Fee @ $2.00		
Night Watch @ $12	$12	$12
Jumper Nomination @ $200		
Non Showing Horse @ $100		
TOTAL AMOUNT DUE		