

ONE OWNER PER FORM

USEF # _____ AMHA # _____
 UPHA # _____ USDF # _____
 OWNER _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE _____
 EMAIL _____
 STABLE WITH _____

**MASSACHUSETTS MORGAN
 HORSE SHOW**

August 12-15, 2020
 ENTRIES RECEIVED AFTER
 MONDAY, AUGUST 3, 2020
 WILL BE CHARGED \$100 PER HORSE

Please make checks payable to Massachusetts Morgan
 Horse Show and return with this form to:
 Kelly McFaul, Secretary
 206 S Lark Ln.
 Wichita, KS 67209
 316-650-2287 FAX: 316-462-0883
 kellymcf@aol.com

Entry #	Horse Name	Reg #		Sex	YOB	Sire	Dam
			USDF #				
	Classes:			Shown by			
	Classes:			Shown by			
	Horse Name	Reg #		Sex	YOB	Sire	Dam
			USDF #				
	Classes:			Shown by			
	Classes:			Shown by			
	Horse Name	Reg #		Sex	YOB	Sire	Dam
			USDF #				
	Classes:			Shown by			
	Classes:			Shown by			

- TOTALS
- HORSE #1 _____
 - HORSE #2 _____
 - HORSE #3 _____
 - USEF DRUG FEE (includes \$8 D&M)
 @ \$23 _____
 - REGULAR STALLS C, D, F BARN
 @ \$155 _____
 - E BARN STALLS
 @ \$125 _____
 - MALLARY STALLS
 @ \$170 _____
 - TOURNAMENT STALLS
 @ \$125 _____
 - OVERNIGHT STALLS
 @ \$60 _____
 - TRAILER FEE (for horses not stalled)
 @ \$25 per day _____
 - CAMPER SPACE 30 AMP
 @ \$250 _____
 - CAMPER SPACE 50 AMP
 @ \$300 _____
 - BOX SEATS
 @ \$135 _____
 - USEF SHOW PASS FEE
 @ \$45 _____
 - AMHA NON-MEMBER FEE
 @ \$45 _____
 - OFFICE FEE PER OWNER
 @ \$30 _____
 - SPONSORSHIP _____
 - LATE FEE (after 8-3-20)
 @ \$100 per horse _____
 - TOTAL _____

Make checks payable to Massachusetts Morgan Horse Show
 Non-US checks must be marked "payable in US funds"
 If paying by credit card, fill out below.

Rider 1 _____
 Address _____
 City/State/Zip _____
 USEF# _____ AMHA # _____ UPHA # _____ USDF# _____
 Rider 2 _____
 Address _____
 City/State/Zip _____
 USEF# _____ AMHA # _____ UPHA # _____ USDF# _____

Exp Date _____ Sec Code _____ Zip Code _____
 Signature _____

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 stabled with you will not be considered unless their name appears on the list below.

OWNERS NAME # OF STALLS

TOTAL

WARNING: Under Massachusetts Law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities. Pursuant to Chapter 128, Section 2D of the General Law.

UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR 906.4) as printed in the prize list for the 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 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.

SIGNATURES REQUIRED BELOW - No one under 18 may sign

OWNER (mandatory)	TRAINER (mandatory)	RIDER/DRIVER/HANDLER (mandatory)	COACH (if applicable)
Signature	Signature	Signature	Signature
Print Name	Print Name	Print Name	Print Name
Trainer Address			
Trainer City/State/Zip			
USEF#	AMHA #	UPHA #	USDF#
Cell Phone/Emergency #		Email	