

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

**SYRACUSE
INTERNATIONAL
HORSE SHOW**
 JUNE 29-JULY 2, 2022
 ENTRIES CLOSE MAY 23, 2022
 Email entries only accepted through Gaitkeeper
**POST ENTRY FEE \$25 PER HORSE
AFTER MAY 23, 2022**

Please make checks payable to
 Syracuse International Horse Show
 and return with this form to:
Linda Burke, Secretary
435 Middle Rd.
Horseheads NY 14845
607-739-7375
 Email : LBURKE1177@yahoo.com

EB#

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

TOTALS

HORSE #1 _____
 HORSE #2 _____
 USEF DRUG FEE
 \$23 PER HORSE
 (INCLUDES \$15 D&M) _____
 BOX STALLS
 _____ @ \$150 _____
 GROUNDS FEE (Non-Stabled,
 Halter Horses Only)
 _____ @ \$20 _____
 CAMPER SPACE
 @ \$285 _____
 USEF
 SHOW PASS
 FEE @ \$45 _____
 AMHA
 NON-MEMBER
 FEE @ \$45 _____
 POST ENTRY
 PER HORSE
 @ \$25 _____
 OFFICE FEE
 PER HORSE
 @ \$30 _____
 BOX SEATS
 9 SEATS @ \$150 _____
 6 SEATS @ \$120 _____

Make checks payable to "Syracuse International Horse Show"
 Non-US checks must be marked "Payable in US Funds"
 If you wish to charge your entries, please fill out the following:
 5% Convenience Fee for Credit Cards

VISA MC

EXPIRATION DATE _____ SEC CODE _____
 BILLING ZIP CODE _____
 SIGNATURE _____

Rider #1 _____
 Address _____
 City, State, ZIP _____
 USEF# _____ AMHA# _____ UPHA# _____ ASHA# _____
 Rider #2 _____
 Address _____
 City, State, ZIP _____
 USEF# _____ AMHA# _____ UPHA# _____ ASHA# _____

Not to be used for Tournament classes. Please see show section for this entry blank.

OFFICE USE ONLY

REG COG
 MEA.CARD SIG
 PD CC
 CK# _____

Rider #1 needs the following
 USEF# ASHA#
 UPHA# AMHA#
 OTHER

Rider #2 needs the following
 USEF# ASHA#
 UPHA# AMHA#
 OTHER

Owner needs the following
 USEF# ASHA#
 UPHA# AMHA#
 OTHER

Trainer needs the following
 USEF# ASHA#
 UPHA# Sign
 Address OTHER

BAGGED
 SHAVINGS
 _____ @ \$8.50/bag _____
 BILLING FEE
 for accounts not settled
 at the show \$50 _____
TOTAL _____

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. _____	

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.



FEDERATION ENTRY AGREEMENT

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. SEE PRO FORMA AT END OF THIS RULE.

RIDER/DRIVER/HANDLER/VAULTER/LONGEUR (mandatory)

Signature _____

Print Name _____

TRAINER (mandatory)

USEF# _____

Signature _____

Print Name _____

Address _____

Phone _____ E-mail _____

Is Rider/Driver/Handler/Vaulter/Longeur a U.S. Citizen: Yes No

OWNER/AGENT (mandatory)

Signature _____

Print Name _____

COACH (if applicable)

Signature _____

Print Name _____

PARENT/GUARDIAN SIGNATURE

(Required if Rider/Driver/Handler/Vaulter/Longeur is a minor)

Signature _____

Print Parent/Guardian Name _____

Emergency Contact Phone No. _____