

AIKEN WINTER CLASSIC II

January 12 - 15, 2017

Closing Date: December 26, 2016

MAKE CHECKS PAYABLE TO PSJ
E-Mail Entries to psjshows87@gmail.com
Mail Entries to: PSJ
147 Warehouse Road
Aiken, SC 29801

# OFFICE ONLY	HORSE OR PONY NAME (ONLY ONE PER BLANK)	USEF RECORDING #	COLOR	SEX	HEIGHT	HORSE/PONY AGE	GREEN
					SM MD LG		1 2

NAME OF FIRST RIDER	DOB	CLASSES (SCHEDULE CAN BE FOUND AT PSJSHOWS.COM)
NAME OF SECOND RIDER	DOB	CLASSES (SCHEDULE CAN BE FOUND AT PSJSHOWS.COM)

PSJ Entry Agreement

Under penalty of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secure property, contributions to an individual retirement arrangement (IRA), and payments other than interest or dividends). I agree to indemnify and save harmless The Aiken Spring Classic & Progressive Show Jumping, Inc. (PSJ) all and singular, the directors, officers, members, employees and agents thereof from and against any and all loss, costs or expenses, or any claim thereof, of whatever nature arising or to arise, for an account, or by reason of entry or entries hereby made thereby represent and agree in the event that the entries hereby made are made for and on behalf of another person other than a minor under the age of 21 years, that I am one of the parents of such minor, and as such, entitled to make this entry for and on behalf of such minor, and I further hereby represent and agree that in the event that the entry hereby made for and on behalf of another person other than a minor under the age of 21 years, I have full authority and privilege from such other person to make such entry for and on behalf of such other person. **Under South Carolina law**, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity. Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

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, Vault 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 the 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 [insert name] 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 resulted, 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. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same valid, force and effect as if I affixed my signature by my own hand.

MISC FEES:	
USEF Fee (\$8.00 Drugs & Medication, \$8.00 USEF). (GR208.1/GR901.12)	\$16
USEF Show Pass:	\$30
USHJA Fee:	\$7
USHJA Show Pass:	\$30

STABLE WITH: _____
ARRIVAL DATE: _____

EMERGENCY CONTACT INFORMATION

NAME: _____
PHONE: _____

	Weekly Stall	\$200	
	Weekly Ship-in	\$50	
	RV Hook-up/Show	\$200	
1	Service Fee	\$45	\$45
	Late Fee	\$50	
	Jumper Nomination	\$125	
	Non-Showing Fee	\$50	
	Paddock	\$250	

(CANADIAN EXHIBITORS REFER TO PRIZE LIST "RULES & REGS" AS TO PAYMENT IN U.S. FUNDS.)

TOTAL	
CHECK #	

Owner _____ Owner USEF # _____ Street Address _____ City/State/Zip _____ SS/TIN _____ Corporation? ___Y ___N Name Associated with SS/TIN _____ Phone _____ Email _____ Owner/Agent Signature _____	Trainer _____ Trainer USEF # _____ Street Address _____ City/State/Zip _____ SS/TIN _____ Corporation? ___Y ___N Name Associated with SS/TIN _____ Phone _____ Email _____ Trainer Signature _____
Rider #1 _____ DOB _____ Rider #1 USEF # _____ Street Address _____ City/State/Zip _____ Rider/Agent Signature _____	Rider #2 _____ DOB _____ Rider #2 USEF # _____ Street Address _____ City/State/Zip _____ Rider/Agent Signature _____