

OFFICE USE ONLY	HORSE NAME					HORSE RECORDING #	RIDERS			CLASSES		ASPCA #
	COLOR	SEX	HT.	AGE	GREEN 1 2	HORSE/PONY SM MD LG						ASPCA #

USEF ENTRY AGREEMENT			OWNER			RIDER ONE			TRAINER		
Owner Name			Name			B-day mm/yy			Name		
Address			Address			Farm Name					
Address			City/St/Zip			Address					
City/St/Zip			E-mail			City/St/Zip					
E-mail			Tel.			Rider USEF# <input type="checkbox"/>			E-mail		
Home Tel.			Owner USEF# <input type="checkbox"/>			RIDER TWO			USEF# <input type="checkbox"/>		
			Name			B-day mm/yy					

RECIPIENT OF PRIZE MONEY AWARDS			PAYABLE TO			MISC. FEES		HORSES ARRIVE:	
Name of Individual OR Corporation			Address			BRCHS 147 Warehouse Road Aiken, SC 29801		UShJA Fee: \$2	
SS# - - - - - OR Fed ID# - - - - -			City/St/Zip			CANADIAN EXHIBITORS REFER TO PRIZE LIST "RULES AND REGS" AS TO PAYMENT IN U.S. FUNDS		USEF Drug: \$7	
Address			E-mail			USEF Fee: \$8		STABLE WITH:	
City/St/Zip			Tel.			Rider USEF# <input type="checkbox"/>		USEF NM Fee: \$30	
						USHJA NM: \$30			

I have read the United States Equestrian Federation, Inc. Entry Agreement (Article 1502.4) as printed in the Prize List of this Competition and agree to all of its provisions. I understand and agree that by entering the 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.

USEF 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 I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, 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 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 caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Federation of 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 at the Competition.
 I have read the Federation Rules about protective equipment, including Articles 318 and 1713, 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 or 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 AGREE** that "the Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

BRCHSF, Inc. 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 withholdings (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to and individual retirement arrangement (IRA), and payments other than interest or dividends.) I agree to indemnify and save harmless the BRCHSF Inc., 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 that in the event that the entries hereby made are made for and on behalf of an exhibitor under the age or 21 years, that I am on of the parents of such minor, or duly appointed legal guardian 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 North 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 and inherent risk of equine activity.

MANDATORY	OWNER/AGENT SIGNATURE: _____	RIDER/HANDLER SIGNATURE: _____	TRAINER SIGNATURE: _____	WEEKLY FEES	Jumper Nomination	\$150 x _____ = \$ _____
	Print Name: _____	Print Name: _____	Print Name: _____		Weekly Stall	\$200 x _____ = \$ _____
		Is Rider a U.S. Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>			Weekly Ship-in	\$ 50 x _____ = \$ _____
	PARENT/GUARDIAN SIGNATURE: _____	RIDER/HANDLER SIGNATURE: _____	COACH SIGNATURE: _____		RV Hookup	\$200 x _____ = \$ _____
Print Name: _____	Print Name: _____	(if applicable)	Service Fee	\$ 30 x _____ = \$ _____		
(Required if Rider/Handler is a minor)	Is Rider a U.S. Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>	Print Name: _____	Late Fee	\$ 50 x _____ = \$ _____		
			Non-Showing Fee	\$ 100 x _____ = \$ _____		
			Total Amount Enclosed	\$ _____		