March Madness I - Feb 25 - 1, 2009

Closing Date: February 16, 2008

Date Received: _____

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	RIDER NAME / B-DAY MM/YY	NAME
ADDRESS	ADDRESS	FARM NAME
ADDRESS	CTY/ST/ZIP	ADDRESS
CTY/ST/ZIP	E-MAIL	CTY/ST/ZIP
E-MAIL	TEL. RIDER USEF # [ ]	E-MAIL
TEL. OWNER USEF # [ ]	**RIDER TWO**	TEL. RIDER USEF # [ ]
RECIPIENT OF PRIZE MONEY AWARDS	RIDER NAME / B-DAY MM/YY	
NAME OF INDIVIDUAL OR CORPORATION	ADDRESS	
SS# __ __ __ - __ __ - __ __ __ __ --OR-- FED ID# __ __ - __ __ __ __ __ __ __	CTY/ST/ZIP	
ADDRESS	E-MAIL	
CTY/ST/ZIP	TEL. RIDER USEF # [ ]	

PAYABLE TO	MISC. FEES		HORSES ARRIVE:
Aiken Spring Classic **147 Warehouse Road** **Aiken, SC 29801**	USEF Drug:	$7	
	USEF Fee:	$8	
	USEF NM Fee: (Juniors Exempt)a	$30	STABLE WITH:
CANADIAN EXHIBITORS REFER TO PRIZE LIST "RULES & REGS" AS TO PAYMENT IN U.S. FUNDS.	USHJA NM:	$20	

I have read the United States Equestrian Federation, Inc. Entry Agreement (Article 1502.4) as printed in the Prize List for this 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.

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 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 cause 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 of a Junior Exhibitor, I consent to the child's participation and **AGREE** to all of the above provision 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 provision of this entry blank. **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 from.

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.

ASC 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 agree in the event that the entries hereby made are made for and on behalf of an exhibitor under the age of 21 years, that I am one 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.

Weekly Stall	$165 x _____	= $ _____
Weekly Ship-in	$35 x _____	= $ _____
Weekly RV Hook-up	$165 x _____	= $ _____
Service Fee	$30 x _____	= $ _____
Late Fee	$50 x _____	= $ _____
Non-Showing Fee	$50 x _____	= $ _____
Jumper Nomination	$125 x _____	= $ _____
Paddock	$250 x _____	= $ _____

Lodging Info: _____

Total Amount Enclosed $ _____

PLEASE CALL SHAVINGS ORDERS INTO OFFICE (803.649.3505) OR EMAIL (psjshows@aol.com)

MANDATORY

OWNER/AGENT SIGNATURE: _____ PRINT NAME: _____	RIDER/HANDLER SIGNATURE: _____ PRINT NAME: _____ Is Rider a U.S. Citizen? YES [ ] NO [ ]	TRAINER SIGNATURE: _____ PRINT NAME: _____
PARENT/GUARDIAN SIGNATURE: _____ PRINT NAME: _____ (Required if Rider/Handler is a minor)	RIDER/HANDLER SIGNATURE: _____ PRINT NAME: _____ Is Rider a U.S. Citizen? YES [ ] NO [ ]	COACH SIGNATURE: (if applicable) _____ PRINT NAME: _____

OFFICE USE

CHECK # _____ ($ _____)