

Folly Farm LLC, Horse Show

Show Date: _____

ONLY ONE HORSE PER ENTRY FORM PLEASE
 Send Entries to: Folly Farm, LLC
 75 Hartford Road
 Simsbury, CT 06070
 FAX – 860- 620-1739

ENTRIES CLOSE 7 PM 2 DAYS BEFORE THE SHOW

NAME OF HORSE	USAE #	COLOR	SEX	HEIGHT	AGE	ONY / JR HUNTER	MEASUREMENT CARD #	TRAINER OR BARN NAME					
						SM MED LG							
RIDER #1 NAME			Rider age:	RIDER 1	USAE#	CHJA#	CLASS #						TOTALS
ADDRESS				ASPCA #	NEHC#	ENTRY FEES							
RIDER #2 NAME			Rider age:	RIDER 2	USAE#	CHJA#	CLASS #						
ADDRESS				ASPCA #	NEHC#	ENTRY FEES							

US Equestrian Entry Agreement

Federation Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR1502.4) 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.

US Equestrian 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, Folly Farm, LLC, 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 from any harm caused by me or my horse to others, even if the harm 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 at the Completion. I have read the Federation Rules about protective equipment, including Articles 318 and 1712, and 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 all of the obligation 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.

An open check must be left in the Horse Show Office to obtain a number.
 There will be a \$25 service charge for any checks returned unpaid. All competitors must present their current USEF and NEHC membership cards or a copy thereof before a number can be given by the secretary.

Entry Fees

Warm-up Fee (at \$12 per)	
USEF Drug Test Fee@ \$7 and USEF Administrative Fee@\$5	
USEF Non-Member Fee @ \$20	
USEF. Member Affidavit @ \$5	
Breed/Discipline @ \$5	
Post Entry Fee @ \$20	
Office Fee @ \$10	
CREDITS	
TOTAL DUE	
PAID IN CASH	
CHECK NUMBER	

**MAKE CHECKS PAYABLE TO:
 FOLLY FARM, LLC**

Rider 1 Signature Mandatory	Owner/Agent Signature Mandatory	TRAINER SIGNATURE MANDATORY	COACH (IF APPLICABLE) SIGNATURE MANDATORY
Print Name	Print Name	PRINT NAME	PRINT NAME
Street Address	Street Address	STREET ADDRESS	STREET ADDRESS
City State Zip	City State Zip	CITY ST ZIP	CITY ST ZIP
Rider 2 Signature Mandatory	OWNER/AGENT USAE#	TRAINER USAE#	TRAINER PHONE #
Print Name			OWNER PHONE #
Street Address	Rider 2 City/State/Zip		RIDER PHONE #