JACKSONVILLE INTERNATIONAL *(week 1)*

Make checks payable to: NFHJA

January 11–15, 2012 Closing date: December 19, 2011

Mail Entries to: North Florida Hunter-Jumper Association, Inc.
PO Box 24031 ~ Jacksonville, FL 32241-4031 ~ (866) 496-1626 ~ Email: info@nfhja.com

NAME OF HORSE	USEF/USHJA REGISTRATION #	BREED	COLOR	SEX	HEIGHT	AGE

CLASSES ENTERED	NAME OF RIDER	AGE	RIDER'S USEF/USHJA #	ASPCA #
1st Green	*1st Rider U.S. Citizen? ❑ Yes ❑ No*			
2nd Green	*2nd Rider U.S. Citizen? ❑ Yes ❑ No*			

Please stable with: _____

In case of emergency during the show contact number:

_____

_____ Weekly Stall Fee @ $225 _____
_____ USEF Fee (Drug & Medication $8/USEF $8) @ $16 _____
_____ USHJA @ $2 _____
_____ USEF Non-Member Fee @ $30 _____
_____ USHJA Non-Member Fee @ $30 _____
_____ Service Fee @ $35 _____
_____ Late Entry Fee @ $50 _____
_____ Non-Showing Stabled Horse Fee @ $50 _____
_____ Early Arrival Per Day Fee @ $20 _____
_____ Paddock Fee @ $225/wk or $650/circuit _____
_____ Grounds Non-Stabled Horse Fee @ $30 _____
_____ Equine Nightwatch @ $15 _____

We honor: ❑ MasterCard® ❑ VISA® ❑ American Express®

Expiration Date ____/____
Month/Year

Card Holder's name _____

Signature _____

Street/P.O. Box _____

City/State/Zip _____

UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT

Tax Identification Number: 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), (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 the IRS has notified me that I am no longer subject of backup withholding.

Federation Entry Agreement: I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) 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.

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, Jacksonville Winter Series to the following:

I AGREE that "the Federation" and "Competition" as used herein includes the Licensee and Competition Management, including Classic Company, LLC as well as all of their officials, officers, directors, employees, agents, personnel, volunteers, Federation affiliates, owners, representatives and affiliated organizations (as more fully defined at the end of the Rulles & Regulations section of this prize list).

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 a 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 of any nature 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 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 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 assume all of the obligations of this Release on the child's behalf.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my inju ry and treatment to the Federation on the official USEF accident/Injury report form.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition. BY SIGNING BELOW , I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this ENTRY BLANK and the rules of the show as written in the rules and regulations section of the prize list.

Trainer's, owner's and rider's signature blanks MUST be signed. If owner/exhibitor is trainer, sign both places. Trainer must be over 18 years of age. If rider is under 18, parent, guardian, trainer or agent must sign.

Owner/Agent Signature _____

Owner's Name (please print) _____

Address _____

City _____

State _____ Zip _____

Telephone (_____) _____

Owner's USEF # _____

Trainer/Agent Signature _____

Trainer's Name (please print) _____

Address _____

City _____

State _____ Zip _____

Telephone (_____) _____

Trainer's USEF # _____

Rider/Driver/Handler Signature _____

Rider's Name (please print) _____

Address _____

City _____

State _____ Zip _____

Telephone (_____) _____

Rider's USEF # _____

PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!

_____
Taxpayer Name (must coincide with SS# or EIN#)

_____
Social Security Number or Federal ID Number

_____
Prize Money Payee Address

_____

JACKSONVILLE NATIONAL *(week 2)*

Make checks payable to: NFHJA

January 18–22, 2012 Closing date: December 19, 2011

Mail Entries to: North Florida Hunter-Jumper Association, Inc.
PO Box 24031 ~ Jacksonville, FL 32241-4031 ~ (866) 496-1626 ~ Email: info@nfhja.com

NAME OF HORSE	USEF/USHJA REGISTRATION #	BREED	COLOR	SEX	HEIGHT	AGE

CLASSES ENTERED	NAME OF RIDER	AGE	RIDER'S USEF/USHJA #	ASPCA #
1st Green	*1st Rider U.S. Citizen? ❑ Yes ❑ No*			
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Please stable with: _____

In case of emergency during the show contact number:

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We honor: ❑ MasterCard® ❑ VISA® ❑ American Express®

Expiration Date ____/____
Month/Year

_____
Card Holder's name

_____
Signature

_____
Street/P.O. Box

_____
City/State/Zip

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Owner's Name (please print) _____

Address _____

City _____

State _____ Zip _____

Telephone (_____) _____

Owner's USEF # _____

Trainer/Agent Signature _____

Trainer's Name (please print) _____

Address _____

City _____

State _____ Zip _____

Telephone (_____) _____

Trainer's USEF # _____

Rider/Driver/Handler Signature _____

Rider's Name (please print) _____

Address _____

City _____

State _____ Zip _____

Telephone (_____) _____

Rider's USEF # _____

PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!

_____
Taxpayer Name (must coincide with SS# or EIN#)

_____
Social Security Number or Federal ID Number

_____
Prize Money Payee Address

_____

JACKSONVILLE WINTER A TO Z *(week 3)*

Make checks payable to: NFHJA

January 25–29, 2012 Closing date: December 19, 2011

Mail Entries to: North Florida Hunter-Jumper Association, Inc.
PO Box 24031 ~ Jacksonville, FL 32241-4031 ~ (866) 496-1626 ~ Email: info@nfhja.com

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We honor: ❑ MasterCard® ❑ VISA® ❑ American Express®

Expiration Date ____/____
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Signature

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Street/P.O. Box

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City/State/Zip

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Owner's Name (please print) _____

Address _____

City _____

State _____ Zip _____

Telephone (_____) _____

Owner's USEF # _____

Trainer/Agent Signature _____

Trainer's Name (please print) _____

Address _____

City _____

State _____ Zip _____

Telephone (_____) _____

Trainer's USEF # _____

Rider/Driver/Handler Signature _____

Rider's Name (please print) _____

Address _____

City _____

State _____ Zip _____

Telephone (_____) _____

Rider's USEF # _____

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Social Security Number or Federal ID Number

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