

Entry Deadline:
May 14, 2010

FAR WEST REGIONAL MORGAN HORSE SHOW

June 16-19, 2010—DESCHUTES COUNTY FAIRGROUNDS—Redmond, Oregon

SEND ENTRIES TO:
Kelly McFaul
206 S Lark Ln
Wichita, KS 67209
316-650-2287
kellymcf@aol.com

**ONE OWNER PER
ENTRY BLANK**

Member: United States Equestrian Federation
SIGNATURES REQUIRED ON REVERSE

	NAME OF HORSE	REG #	COLOR	SEX	HEIGHT	YR FOALED		
	SIRE	DAM			USEF HORSE #		HORSE USDF #	
RIDER/DRIVER/HANDLER	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	TOTAL
	FEE	FEE	FEE	FEE	FEE	FEE	FEE	\$
RIDER/DRIVER/HANDLER	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	TOTAL
	FEE	FEE	FEE	FEE	FEE	FEE	FEE	\$

	NAME OF HORSE	REG #	COLOR	SEX	HEIGHT	YR FOALED		
	SIRE	DAM			USEF HORSE #		HORSE USDF #	
RIDER/DRIVER/HANDLER	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	TOTAL
	FEE	FEE	FEE	FEE	FEE	FEE	FEE	\$
RIDER/DRIVER/HANDLER	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	TOTAL
	FEE	FEE	FEE	FEE	FEE	FEE	FEE	\$

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RIDER/DRIVER/HANDLER	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	TOTAL
	FEE	FEE	FEE	FEE	FEE	FEE	FEE	\$
RIDER/DRIVER/HANDLER	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	TOTAL
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RIDER/DRIVER/HANDLER	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	TOTAL
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	FEE	FEE	FEE	FEE	FEE	FEE	FEE	\$
RIDER/DRIVER/HANDLER	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	TOTAL
	FEE	FEE	FEE	FEE	FEE	FEE	FEE	\$

In order that we might accommodate the training stable, as well as individual exhibitors wishing to stable together, please fill out the appropriate section. See stabling policy in the prize list.

_____ INDIVIDUAL EXHIBITOR

Stable next to: _____
(Must appear on both entry blanks)

_____ CLIENT OF

Stable Name: _____

_____ TRAINING STABLE

Stable Name: _____

Total # of stalls _____

Total Class Fees _____

_____ Stalls & Tackrooms @ \$130 _____

_____ Early Arrival @ \$25 per horse per day _____

_____ Jumpout Fee @ \$20 per horse per day _____

_____ AMHA Judges' Education Fee @ \$2 per horse _____

_____ USEF Fee @ \$15 per horse _____
(D & M \$7, USEF \$8)

_____ USEF Non-Member Fee @ \$30 _____

_____ AMHA Non-Member Fee @ \$30 _____

_____ Office Fee @ \$25 per owner _____

Sponsorships _____

_____ Golf Carts @ \$275 (2 seat) or \$375 (4 seat) _____

_____ Reserved Seats @ \$35 _____

PAYMENT METHOD Acct # _____ Exp. Date _____ Security Code _____

CHECK

VISA

MASTERCARD

Print Name On Card _____

Phone # of cardholder _____ Signature _____

TOTAL FEES _____

ONE OWNER PER ENTRY BLANK—COMPLETE BOTH SIDES OF THIS FORM
 PLEASE ENCLOSE COPIES OF REGISTRATION PAPERS, USEF CARDS AND AMHA MEMBERSHIP
 CARDS FOR OWNER, TRAINER AND EACH RIDER/DRIVER/HANDLER

◆ALL FEES MUST ACCOMPANY THIS ENTRY◆

MAKE CHECKS PAYABLE TO: Far West

Hotel While In Redmond _____ Emergency # _____

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 Far West Regional Morgan Horse Show ("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 from the competition, and agree that any actions against the Federation must be brought in New York State.

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 "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, 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.

OWNER (Mandatory)	
NAME (Please Print)	
ROUTE/BOX/STREET	
CITY/STATE/ZIP	
AC/PHONE#	
SOCIAL SECURITY#	USEF #
AMHA #	USDF #
SIGNATURE—REQUIRED (PARENT/GUARDIAN IF UNDER 18)	

TRAINER (Mandatory)	
NAME (Please Print)	
ROUTE/BOX/STREET	
CITY/STATE/ZIP	
AC/PHONE #	FAX #
CELL PHONE #	E-MAIL
USEF #	AMHA #
SIGNATURE—REQUIRED (MUST BE 18 OR OLDER)	

COACH (If Applicable)	
NAME (Please Print)	USEF #
SIGNATURE	

By signing, I have read and I agree to the USEF Entry Agreement and Release in the prize list and printed to the left.

RIDER, DRIVER, OR HANDLER (If Applicable)		
NAME (Please Print)		
ROUTE/BOX/STREET		
CITY/STATE/ZIP		
USEF #	AMATEUR#	AMHA #
JR EX DOB	USDF #	UPHA #
SIGNATURE—REQUIRED (PARENT/GUARDIAN IF UNDER 18)		

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RIDER, DRIVER, OR HANDLER (If Applicable)		
NAME (Please Print)		
ROUTE/BOX/STREET		
CITY/STATE/ZIP		
USEF #	AMATEUR#	AMHA #
JR EX DOB	USDF #	UPHA #
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RIDER, DRIVER, OR HANDLER (Mandatory)		
NAME (Please Print)		
ROUTE/BOX/STREET		
CITY/STATE/ZIP		
USEF #	AMATEUR#	AMHA #
JR EX DOB	USDF #	UPHA #
SIGNATURE—REQUIRED (PARENT/GUARDIAN IF UNDER 18)		

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