

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

USEF EQUESTRIAN ENTRY AGREEMENT

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

RECIPIENT OF PRIZE MONEY AWARDS	RIDER TWO	PAYABLE TO	MISC. FEES	HORSES ARRIVE:
Name of Individual OR Corporation	Name	BRCHS 147 Warehouse Road Aiken, SC 29801	USEF Drug: \$7	STABLE WITH:
SS# - - - - - OR Fed ID# - - - - -	Address		USEF Fee: \$5	
Address	City/St/Zip	CANADIAN EXHIBITORS REFER TO PRIZE LIST "RULES AND REGS" AS TO PAYMENT IN U.S. FUNDS	USEF NM Fee: \$20	
City/St/Zip	E-mail		USEF Breed Disc: \$5 (Jrs. Exempt)	
City/St/Zip	Tel. <input type="checkbox"/>		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 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 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 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 withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an 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 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.

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 an inherent risk of equine activity.

WEEKLY FEES		
Jumper Nomination	\$150 x _____ = \$ _____	
Weekly Stall	\$175 x _____ = \$ _____	
Weekly Ship-in	\$ 50 x _____ = \$ _____	
RV Hookup	\$200 x _____ = \$ _____	
Service Fee	\$ 30 x _____ = \$ _____	
Late Fee	\$ 50 x _____ = \$ _____	
Non-Showing Fee	\$ 100 x _____ = \$ _____	
Total Amount Enclosed		\$ _____

MANDATORY	OWNER/AGENT SIGNATURE: _____ Print Name: _____	RIDER/HANDLER SIGNATURE: _____ Print Name: _____ Is Rider a U.S. Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>	TRAINER SIGNATURE: _____ Print Name: _____	OFFICE USE	
	PARENT/GUARDIAN SIGNATURE: _____ Print Name: _____ (Required if Rider/Handler is a minor)	RIDER/HANDLER SIGNATURE: _____ Print Name: _____ Is Rider a U.S. Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>	COACH SIGNATURE: _____ (if applicable) Print Name: _____		CHECK # _____ (\$ _____)

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Home Tel.	Rider USEF# <input type="checkbox"/>	Tel.
Owner USEF# <input type="checkbox"/>	RIDER TWO	USEF# <input type="checkbox"/>

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PRE-SHOW FEED & BEDDING ORDER FORM

DELIVERY INFORMATION

Trainer Name (*not farm name*): _____

Arrival Date: _____ Arrival Time: _____

Stable With: _____

ORDER INFORMATION

Shavings: _____

Hay: _____

BILLING INFORMATION - PLEASE READ CAREFULLY

1. IF BILLED TO TRAINER: Enter trainer name (DO NOT use Farm Name)

Trainer's splits: Any amount you charge at the BRCHS can be divided and billed directly to your clients. Any show secretary can help you with your splits. Splits must be made before noon on Friday. See rules and regulations for more information.

Bill to: Trainer Name (*not farm name*): _____

OR

2. IF BILLED TO INDIVIDUAL: Enter Horse Name (of horse entered in show), Owner Name & Trainer Name

Bill To: Horse Name: _____

Owner Name: _____

Trainer Name (*not farm name*): _____

ALL PRE-SHOW ORDERS MUST BE ON THIS FORM

PLEASE FAX ALL ORDERS - DO NOT SEND WITH ENTRIES

FAX TO: (828) 295-9869

ENTRIES MAY NOT BE FAXED - DO NOT PHONE IN FEED ORDERS

Ordered By: _____

Signature: _____

Date: _____ Phone: _____

E-Mail: _____ Cell: _____