

|   |  |            |                          |                                |              |                             |                    |               |                   |   |  |
|---|--|------------|--------------------------|--------------------------------|--------------|-----------------------------|--------------------|---------------|-------------------|---|--|
| <b>Moss Show Stables</b>  |  |            |                          |                                |              |                             | <b>Date:</b> _____ |               | <b>POST ENTRY</b> | <b># ASSIGNED</b>   |  |
| Note: Only ONE horse accepted per entry form, which may be photocopied.   |  |            |                          |                                |              |                             |                    |               |                   |   |  |
| <b>Name of Horse</b>  |  |            | <b>Age</b>               | <b>Horse ID or Recording #</b> |              |                             | <b>Sex</b>         | <b>Height</b> | <b>Color</b>      | <b>Horse/Pony</b>   | <b>Am. Ad. Age</b>   |
|   |  |            |                          |                                |              |                             |                    |               |                   | <input type="checkbox"/> Small <input type="checkbox"/> Med<br><input type="checkbox"/> Large | <input type="checkbox"/> 18 - 35<br><input type="checkbox"/> Over 35 |
| <b>Rider #1 Name</b>  |  | <b>Age</b> |                          | <b>NEHC #</b>                  | <b>MHC #</b> | <b>CLASSES ENTERED</b>      |                    |               |                   | <b>Total Fees</b>   |  |
|   |  |            |                          |                                |              | <b>Class #</b>              |                    |               |                   |   |  |
|   |  |            |                          |                                |              | <b>Class #</b>              |                    |               |                   |   |  |
| <b>Rider #2 Name</b>  |  | <b>Age</b> |                          | <b>NEHC #</b>                  | <b>MHC #</b> | <b>CLASSES ENTERED</b>      |                    |               |                   | <b>Total Fees</b>   |  |
|   |  |            |                          |                                |              | <b>Class #</b>              |                    |               |                   |   |  |
|   |  |            |                          |                                |              | <b>Class #</b>              |                    |               |                   |   |  |
| <p>I have read the United States Equestrian Federation, Inc. ("the Federation") Entry Agreement (GR906.4) as printed in the Prize List for North Shore Horsemen's Association ("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 this 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.</p> <p style="text-align: center;"><b>Federation Release, Assumption of Risk, Waiver and Indemnification</b><br/> <u>This document waives important legal rights. Read it carefully before signing.</u></p> <p>I AGREE in consideration for my participation in this Competition NEHC to the following:<br/> I AGREE that "the Federation" and "Competition" as used herein includes the License and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates.<br/> 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").<br/> I AGREE to hold harmless and release the Federation, the Competition and the NEHC 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 resulted, directly or indirectly, from the negligence of the Federation or the Competition.<br/> 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.<br/> 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 of applicable, EV114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me that I 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.<br/> I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information of my injury and treatment to the Federation and the official USEF accident/injury report form.</p> <p><b>BY SIGNING BELOW, I AGREE</b> to be bound by all applicable Federation rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature <del>X shall have the same validity, force and effect as if I affixed my signature by my own hand.</del></p> |  |            |                          |                                |              |                             |                    |               |                   | <b>Total Entry Fees</b>   |  |
|   |  |            |                          |                                |              |                             |                    |               |                   |   |  |
|   |  |            |                          |                                |              |                             |                    |               |                   |   |  |
|   |  |            |                          |                                |              |                             |                    |               |                   | <b>NEHC Fee</b>   | <b>\$2.00</b>  |
|   |  |            |                          |                                |              |                             |                    |               |                   | <b>MHC Fee</b>  | <b>\$1.00</b>  |
|   |  |            |                          |                                |              |                             |                    |               |                   | <b>Office Fee</b>   | <b>\$20.00</b>   |
|   |  |            |                          |                                |              |                             |                    |               |                   | <b>Warm - Up(s)</b>   |  |
|   |  |            |                          |                                |              |                             |                    |               |                   | <b>Post Entry Fee</b>   |  |
|   |  |            |                          |                                |              |                             |                    |               |                   | <b>SUB TOTAL</b>  |  |
|   |  |            |                          |                                |              |                             |                    |               |                   | <b>Prize Money</b>  | <  |
|   |  |            |                          |                                |              |                             |                    |               |                   | <b>GRAND TOTAL</b>  |  |
| <b>Office Use Only Below</b>  |  |            |                          |                                |              |                             |                    |               |                   |   |  |
| Amt. Rec: _____   |  |            |                          |                                |              |                             |                    |               |                   |   |  |
| Ck #/Cash _____   |  |            |                          |                                |              |                             |                    |               |                   |   |  |
| <b>Mail Entries to:</b><br>34 S Main St PO Box 1901<br>Wolfeboro, NH 03894<br><b>Email Entries to:</b><br><a href="mailto:mostlymares30@gmail.com">mostlymares30@gmail.com</a><br><b>PLEASE EMAIL ENTRIES</b>   |  |            |                          |                                |              |                             |                    |               |                   |   |  |
| Parent/Guardian Signature: _____  |  |            |                          |                                |              |                             |                    |               |                   |   |  |
| (Required if rider/driver/handler is a minor)   |  |            |                          |                                |              |                             |                    |               |                   |   |  |
| Print Name : _____  |  |            |                          |                                |              |                             |                    |               |                   |   |  |
| Emergency Phone _____   |  |            |                          |                                |              |                             |                    |               |                   |   |  |
| Riders Signature _____  |  |            | Trainers Signature _____ |                                |              | Owner/Agent Signature _____ |                    |               |                   |   |  |
| Name _____  |  |            | Name _____               |                                |              | Name _____                  |                    |               |                   |   |  |
| Address _____   |  |            | Address _____            |                                |              | Address _____               |                    |               |                   |   |  |
| City _____  |  |            | City _____               |                                |              | City _____                  |                    |               |                   |   |  |
| State/Zip _____   |  |            | State/Zip _____          |                                |              | State/Zip _____             |                    |               |                   |   |  |
| Phone _____   |  |            | Phone _____              |                                |              | Phone _____                 |                    |               |                   |   |  |
| Riders USEF # _____   |  |            | Trainers USEF # _____    |                                |              | Owner/Agent USEF # _____    |                    |               |                   |   |  |
| Riders Email _____  |  |            |                          | Coach Signature _____          |              |                             |                    |               |                   |   |  |
| Trainers Email _____  |  |            |                          | Print Name _____               |              |                             |                    |               |                   |   |  |

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