Mail Entries payable to:									Che	eck#	Rider #
Maplewood Fa	arm,	Only									
28 Ball hill Rd. Show Date:								Office	Cash Paid		Post Entry
Berlin, MA 01503 o	or enter online at: Horseshowing.com							Of			
Name of Horse	Age	Meas/Am#	Horse	ID or Recor	ding #	Sex	Height	Color	Horse / Pony		Am.Adult Age
									Sm N	1ed Lg	
Rider #1 Name	D.O.B.	NEHC#	MHC#			Cla	asses Enter	ed		Class Fees	
				Class #							
Rider #2 Name	D.O.B.	NEHC#	MHC#	Classes Entered							Class Fees
				Class #							
I have read the United States Equestrian Federation, Inc. (Federation rules, the Prize List, and local rules of this com							_		_	at by entering this Co	ompetition, I am subject to

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 Maplewood Farm, Inc. to the following:

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. 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, 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. 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 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. 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.

BY SIGNING BELOW, I AGREE 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 shall have the same validity, force and effect as if I affixed my signature by my own hand.

	Rider 1	Rider 2	Horse Owner / Agent	Trainer	Office Fee:	\$25.00
Name:					Warm Up Fee: \$20	
Street:					USEF Show Pass: \$45	
City:					USHJA Show Pass: \$30	
State / Zip:					Post Entry Fee: \$20 Lead Line Excluded	
Phone:					Sub-Total:	
E-mail:					Rider 1 Class Fees:	
USEF#:					Rider 2 Class Fees:	
Signature: Parent/Guardian if					Total Due:	