

# 2020 BREEDING ENTRIES ONLY

Make checks payable to: Keswick Hunter Jumper Foundation, Inc. and mail to:  
818 Old Providence Rd., Spottswood, VA 24476

ONLINE ENTRIES AVAILABLE AT  
HORSESHOWSONLINE.COM



Name of Horse/Pony	USEF Reg. #	breed	color	sex	height	age

Classes Entered	Name of Handler	Name of Sire	Name of Dam	Sire of Dam
	1st handler			
	2nd handler			

**United States Equestrian Federation, Inc. 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 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 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 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 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. BOD 1/23/11 Effective 12/1/11

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor) \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

Is Rider/Driver/Vaulter a U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

Stable with (list TRAINER'S OR FRIEND'S LAST NAME. NOT FARM NAME):

EMERGENCY CONTACT NUMBER:

Reserve _____ stalls @ \$200 per horse.	
Day of arrival T W TH F S S	
Day of departure TH F S S	
<b>Day of Arrival/Departure MUST be indicated</b>	
NO GROUNDS FEE NO OFFICE FEE NO LATE FEE	<b>\$0</b>
USEF Fee @ \$23 per horse(\$15 D&M; \$8 USEF) USHJA Fee	<b>\$23 \$7</b>
USEF Show Pass Fee @ \$45	
USHJA Show Pass fee @ \$30	
Paid \$ _____ Check # _____	
<b>COGGINS MUST BE SHOWN IN HORSE SHOW OFFICE</b>	

Owner or Agent (mandatory)

Trainer (mandatory)

Rider/Driver/Handler/Vaulter/Longeur (mandatory)

Coach (if applicable)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Cell  
USEF # \_\_\_\_\_ Phone \_\_\_\_\_

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USEF # \_\_\_\_\_ Phone \_\_\_\_\_

Cell  
USEF # \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

SS# \_\_\_\_\_

Alternate Payee: \_\_\_\_\_  
NAME SSN FULL ADDRESS