

REGION 2 ARABIAN CHAMPIONSHIP SHOW

JUNE 19 - 24, 2018

SEND TO: SHARON RICHARDS
 1445 Monument Place Newcastle, CA
 (916) 645-2288 95658-9642
 sharonr789@yahoo.com

PLEASE TYPE OR PRINT/ONLY ONE OWNER PER ENTRY FORM. All entries must be complete. Enclose FULL PAYMENT for entries, copies of horse registration papers, purchase contract, USEF/EC membership cards, amateur certification, AHA Competition membership cards for EACH rider, driver, handler, and owner.

Name of First Horse				Reg. No.		DOB	Sex	Color		Height		Entry Fees
Sire				Dam				Horse USEF #				
Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	\$
Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	\$

(Circle appropriate letter for rider/handler listed)

Name of Second Horse				Reg. No.		DOB	Sex	Color		Height		Entry Fees
Sire				Dam				Horse USEF #				
Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	\$
Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	\$

(Circle appropriate letter for rider/handler listed)

Name of Third Horse				Reg. No.		DOB	Sex	Color		Height		Entry Fees
Sire				Dam				Horse USEF #				
Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	\$
Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	Cl #	Rider/handler A B C	\$

(Circle appropriate letter for rider/handler listed)

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge. **ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. MINOR ENTRANTS MUST ALSO HAVE PARENT/GUARDIAN SIGNATURE(S) ON THE BACK.**

COMPLETE & FORWARD QUALIFICATION VERIFICATION FORM ON PAGE 17 WITH ENTRY FORM

OWNER (as appears on registration papers or contract)

Name _____ AHA # _____

Address _____ USEF/Amt # _____

City, State, Zip _____ Phone _____

Email Address _____

TRAINER _____ AHA # _____

Address _____ USEF # _____

City, State, Zip _____ Phone _____

Email Address _____

A	Rider/Handler Name (PRINT) _____	AHA # _____
	Age of Rider/Birthdate _____	USEF/Amt # _____

B	Rider/Handler Name (PRINT) _____	AHA # _____
	Age of Rider/Birthdate _____	USEF/Amt # _____

C	Rider/Handler Name (PRINT) _____	AHA # _____
	Age of Rider/Birthdate _____	USEF/Amt # _____

STABLE WITH _____
 (Send Requests for Joint Stabling in the Same Envelope)

TOTAL CLASS FEES		\$ _____
_____ STALLS @ \$160		\$ _____
_____ TACK/GROOM RMS @ \$160		\$ _____
_____ DRUG FEE @ \$28 per horse (USEF \$23 / CA \$5 per horse)		\$ _____
_____ Trailer In @ \$25 horse/day (only horses without stall)		\$ _____
_____ AHA Results Fee @ \$8/horse (mandatory fee per horse)		\$ _____
_____ OFFICE FEE per Owner \$30		\$ <u>30.00</u>

Region 2 PRE Show ONLY	
_____ Res. 9-90 @ \$4 per horse	\$ _____
_____ AHA Single Event Fee @ \$35	\$ _____

Region 2 CHAMPIONSHIP Show ONLY	
_____ Res. 9-90 @ \$15 per horse	\$ _____

AHA MEMBERSHIP / SINGLE EVENT FEE	\$ _____
USEF MEMBERSHIP / SHOW PASS FEE	\$ _____
PATRON SPONSORSHIP	\$ _____
CLASS SPONSOR @ \$50	\$ _____
MISCELLANEOUS	\$ _____
INCOMPLETE ENTRY FEE	\$ _____
POST ENTRY FEES	\$ _____
TOTAL FEES	\$ _____

FOR OFFICE USE ONLY

ENTRIES CLOSE MAY 30th

AHA ENTRY AGREEMENT

I have read the rules concerning competitions as printed in the Arabian Horse Association (AHA) Handbook / Directory and Competition Prize List and agree to be bound by and subject to those Rules.

AHA ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

This document waives very important legal rights. Read it carefully before signing. In consideration for AHA permitting me to participate in this Competition, and by signing the entry blank, I agree as follows:

I AGREE that I choose to participate voluntarily in this Competition, as a rider, driver, handler, lessee, owner, agent, coach, trainer, junior exhibitor, or as a parent or guardian of a junior exhibitor. I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN, AND SUFFERING, AND PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY.

I AGREE for myself, my heirs, executors, administrators, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and all claims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition INCLUDING, BUT NOT LIMITED TO, DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises.

I AGREE to indemnify and hold harmless (that is pay all losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorneys fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control.

I AGREE and represent that I am qualified and eligible to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered.

I AGREE to accept AS FINAL any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, CEF or USA Equestrian permit a protest or hearing of such decisions. Should a hearing be requested, I agree to accept AS FINAL the decision of the particular hearing body. I agree to release, hold harmless and not to sue AHA, the Competition Sponsor, their officers, directors, employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s)' qualifications to enter the Competition or any results of the Competition.

I AGREE that AHA has the sole right to control, sell, supervise or give away (or assign to others the right to do so) the exclusive rights to broadcast, televise, reproduce, transmit and disseminate all or part of this event, and I agree that AHA may use or assign, in any way AHA sees fit, photographs, films, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the Competition for the promotion, coverage or benefit of the Competition or AHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way which implies endorsement of any company, product, product category or service. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. By signing below as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child.

This AHA Assumption of Risk, Release and Indemnification is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AHA, its officers, directors, employees, volunteers or agents shall be in the local district courts or the federal court of the State of Colorado. If any part of this agreement is determined to be unenforceable, all other parts shall remain effect.

FEDERATION ENTRY AGREEMENT

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") & the local rules of REGION 2 Championship Show. I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release & hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

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, vaultor, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware & acknowledge that horse sports & the Competition involve inherent dangerous risks of accident, loss, 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 term and provisions of this entry blank and all terms & provisions of the 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. (Effective 12/1/11)

MUST BE SIGNED IN AT LEAST 3 PLACES

OWNER *Mandatory* (No Junior Signatures)	PRINT NAME	SIGNATURE
TRAINER or Guardian of horse @ show *Mandatory* Adult Owner must sign if no trainer / No Juniors	PRINT NAME	SIGNATURE
RIDER #1 *Mandatory* / No Junior Signatures Is Rider/Driver/Vaultor a US Citizen ___Yes ___No	PRINT NAME	SIGNATURE
RIDER #2 *Mandatory* / No Junior Signatures Is Rider/Driver/Vaultor a US Citizen ___Yes ___No	PRINT NAME	SIGNATURE
RIDER #3 *Mandatory* / No Junior Signatures Is Rider/Driver/Vaultor a US Citizen ___Yes ___No	PRINT NAME	SIGNATURE
Print Minor Name Here Birth Date of Minor	Print Parent/Guardian * Name Here	SIGNATURE
Print Minor Name Here Birth Date of Minor	Print Parent/Guardian * Name Here	SIGNATURE
*AHA or USEF / EG Membership is NOT required for Parents / Guardians signing for minors		
ADDRESS of WALK TROT RIDER if different from owner		
EMERGENCY PHONE NUMBER FOR EXHIBITOR		
COACH (If applicable)	PRINT NAME	SIGNATURE

REGION 2 Qualification Verification Form

MUST BE RETURNED WITH ENTRY FORM

Owner Name _____

Horse Name _____ Region 2 Class # _____

Show Name _____ Date _____

Qualifying Class _____ Placing/Score _____

OR Points _____

Horse Name _____ Region 2 Class # _____

Show Name _____ Date _____

Qualifying Class _____ Placing/Score _____

OR Points _____

Horse Name _____ Region 2 Class # _____

Show Name _____ Date _____

Qualifying Class _____ Placing/Score _____

OR Points _____

Horse Name _____ Region 2 Class # _____

Show Name _____ Date _____

Qualifying Class _____ Placing/Score _____

OR Points _____

Horse Name _____ Region 2 Class # _____

Show Name _____ Date _____

Qualifying Class _____ Placing/Score _____

OR Points _____

Horse Name _____ Region 2 Class # _____

Show Name _____ Date _____

Qualifying Class _____ Placing/Score _____

OR Points _____

REGION 2 CREDIT CARD PAYMENT FORM

**COMPLETE AND RETURN THIS FORM WITH YOUR ENTRIES
IF YOU ARE PAYING BY CREDIT CARD**

NAME as it Appears on the Credit Card:

Credit Card Billing Address:

Street/P.O. Box _____

City _____ **State** _____ **Zip** _____

Contact Telephone Number: _____

Email for receipt: _____

Credit Card Type: _____ **VISA** _____ **Master Card** _____ **AmEx**

Credit Card Number: _____

Expiration Date on Card: _____

***Security Code:** _____

*Security code is three digit numbers that appears on the back of your Credit Card

By signing below:

I hereby authorize Region 2 Arabian Horse Association to charge the above credit card for the amount of \$ _____

I understand an additional 3% processing charge will be added to my total fees for using my credit card for payment of entries (i.e. \$500 X .03% = \$15).

I also understand if my credit card is denied, I will be assessed a \$50 fee for each denied credit card attempt.

Cardholder Signature: _____

Date: _____