

OWNER / AGENT		
Name		
Address		
City/State/Zip		
Phone ( )	USEF / USHJA #	
Email	PCHA	Norcal
SS# _____ or FED ID# _____		

## WOODSIDE LABOR DAY CLASSIC

### September 3-6, 2010

Entries Close: Monday, August 23, 2010

For More Information  
Contact Linda McRae at:  
818-563-3250 ext 8 or  
lindamac99@gmail.com

Send Entries To:  
Woodside Horse Shows  
480 W. Riverside Dr., Ste. 1  
Burbank, CA 91506

TRAINER / COACH		
Name		
Barn Name		
Address		
City/State/Zip		
Phone ( )	USEF / USHJA #	
Email	PCHA	Norcal

PRIZE MONEY PAYEE (if different from Owner / Agent)	
Payable To	
Address	
City/State/Zip	
SS# _____ or FED ID# _____	
Arrival Date:	Stable With:

RIDER ONE (1) INFORMATION	
Name	
Address	
City/State/Zip	
USEF / USHJA #	US Citizen? (Circle one): YES NO
Amateur - Circle Age 18-35 36-49 50&O	Junior - Birthdate
Norcal	PCHA

RIDER TWO (2) INFORMATION	
Name	
Address	
City/State/Zip	
USEF / USHJA #	US Citizen? (Circle one): YES NO
Amateur - Circle Age 18-35 36-49 50&O	Junior - Birthdate
Norcal	PCHA

Office Use	NAME OF HORSE				HORSE USEF # and TYPE			RIDER	CLASS NUMBERS ENTERED																	
					<input type="checkbox"/> Rec # <input type="checkbox"/> ID #			1																		
	Color	Age	Sex	Height	Circle Green Status 1st Yr 2nd Yr	Circle Junior Hunter or Pony Size Small Medium Large		<input type="checkbox"/> Measurement	2																	

**USEF ENTRY AGREEMENT**

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 Woodside Circuit Opener 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 to my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results reusulted, 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.

DEPOSIT AMOUNTS DUE WITH THIS ENTRY	
Entry Deposit	\$50 x _____ = \$ _____
Horse Stalls	\$175 or \$210 x _____ = \$ _____
Tack Stalls	\$175 or \$210 x _____ = \$ _____
Htr / Eq Fee	\$35 x _____ = \$ _____
Low Jmpr Nominating Fee	\$50 x _____ = \$ _____
High Jmpr Nominating Fee	\$75 x _____ = \$ _____
RV Space (w/hookups)	\$300 x _____ = \$ _____
<b>TOTAL AMOUNT ENCLOSED</b>	<b>\$ _____</b>

OWNER / AGENT (Mandatory)	RIDER / HANDLER 1 (Mandatory)	RIDER / HANDLER 2
Signature:	Signature:	Signature:
Print Name:	Print Name:	Print Name:
TRAINER / COACH (Mandatory)	PARENT / GUARDIAN (If Rider 1 is a minor)	PARENT / GUARDIAN (If Rider 2 is a minor)
Signature:	Signature:	Signature:
Print Name:	Print Name:	Print Name:

OFFICE USE ONLY	
Checks Payable To: Labor Day	
Postmarked: _____	
Ck # _____ Amt: _____	

MISC. FEES	
Grounds Fee	\$45
Late Fee	\$50
Late Stall	\$190 or \$225
USEF Fee	\$8
USEF Drug	\$7
USHJA Z10 Fee	\$2
USEF N/M	\$30
USHJA N/M	\$30
PCHA Fee	\$3
PCHA N/M	\$10
Norcal Fee	\$3

**Emergency Contact & Cell Phone #:**



