

# 29<sup>th</sup> UPHA CHAPTER 9 KENTUCKY FALL CLASSIC HORSE SHOW

October 5 - 8, 2016

Kentucky Horse Park, Lexington, Kentucky  
 Entries close September 19, 2016

One Horse per entry Blank  
 Make checks payable to:  
 Kentucky Fall Classic Horse Show  
 Entries may be paid by credit card below

Mail To: Kentucky Fall Classic Horse Show  
 65 Old Taylorsville Road  
 Shelbyville, KY 40065  
 Phone (502) 314-7960 or Fax (502) 633-6207  
 Email: [bethandscott@kih.net](mailto:bethandscott@kih.net)

PLEASE PRINT OR TYPE (Fill out completely)

**Owner** \_\_\_\_\_ USEF # \_\_\_\_\_ ASHA# \_\_\_\_\_ AHHS# \_\_\_\_\_ ARHPA# \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email \_\_\_\_\_

**Trainer** \_\_\_\_\_ USEF # \_\_\_\_\_ ASHA# \_\_\_\_\_ AHHS# \_\_\_\_\_ ARHPA# \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email \_\_\_\_\_

**Rider/Driver/Handler** \_\_\_\_\_ USEF # \_\_\_\_\_ ASHA# \_\_\_\_\_ AHHS# \_\_\_\_\_ ARHPA# \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email \_\_\_\_\_

Make Checks payable to: \_\_\_\_\_ Social Security /Tax ID \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

OFFICE USE	Horse/Pony Name		Registration #		USEF #
Color	Sex	Age		Height	
Class #					
Entry Fee	\$	\$	\$	\$	Total Fees

	TOTAL ENTRY FEES	\$
#	STALLS @ \$125 EACH (week)	\$
#	STALLS @ \$50 PER DAY (EARLY SHIP IN)	\$
#	USEF DRUG FEE @ \$16 per horse (\$8 Drug & Med Fee/\$8 Horse)	\$
#	USEF SHOW PASS FEE @ \$30	\$
#	OFFICE FEE PER HORSE	\$ 20.00
	TOTAL REMITTANCE	\$

I would like to donate my winnings to support the UPHA Chapter 9 Kentucky Fall Classic Horse Show

*Premium Checks not cashed within 90 days of issue will be voided and monies refunded to UPHA Chapter 9 Kentucky Fall Classic Horse Show*

USEF ENTRY AGREEMENT ON THE BACK MUST BE SIGNED. Signed: YES NO

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ WE ALSO ACCEPT: VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_

CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARD HOLDER NAME (please print) \_\_\_\_\_ CARD HOLDER SIGNATURE \_\_\_\_\_

ALL HORSES MUST HAVE NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF SHOW, AND HEALTH PAPERS FOR ALL HORSES CURRENT WITHIN 30 DAYS

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

**Federation Entry Agreement**

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for [insert name here] ("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 from the competition, and agree that any actions against the Federation must be brought in New York State.

The complete statement is as follows:

**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") and the local rules of the competition. 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 and 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, cablecasts, 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. 114

**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 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, 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.

<p>Circle all that apply</p> <p><b>Rider/Driver/Handler/Owner/Agent/Trainer/Coach</b></p> <p>Print Name _____</p> <p>Signature _____</p>	<p>Circle all that apply</p> <p><b>Rider/Driver/Handler/Owner/Agent/Trainer/Coach</b></p> <p>Print Name _____</p> <p>Signature _____</p>
<p>Circle all that apply</p> <p><b>Rider/Driver/Handler/Owner/Agent/Trainer/Coach</b></p> <p>Print Name _____</p> <p>Signature _____</p>	<p>Circle all that apply</p> <p><b>Rider/Driver/Handler/Owner/Agent/Trainer/Coach</b></p> <p>Print Name _____</p> <p>Parent/Guardian Signature _____</p>

Emergency Contact Phone \_\_\_\_\_ Is Rider/Driver/Vaultor a U.S. Citizen?: \_\_\_ Yes \_\_\_ No