Office Use Only	Only ONE HORSE PLEASE type or		Buffalo International Horse Show September 13-17, 2017								Entries Close: Sept 1, 2017			
		Name of Horse or Pony			Gr Year	USHJA	USHJA Horse Reg # Col		olor Sex	Height	Foaled	Sire	Dam	
SECTION	Rider 2		Fauit	Equitation and Individual			Jumper							
High Perf1081 Non-Pro-1096 AO 18-35-1021 Sm Pon						-	Classes by Rider			•	Classes by Rider			
1st Year Green-1041 [2nd Year Green-1051 [Reg. Conf1071 [Green Conf1061 [☐ Perf 3'3" -	NO 36 & O-1031 NA 18-35-1001 NA 36 & O-1006 Pre Adult-1241 Pre Children's-1251	Med Pony-1121 Carge Pony-1131 Sm Jr Young-1141 Lg Jr Young-1161 Sm Jr Old-1151 Lg Jr Old-1171	Children's 1 S/M Child P S/M Child P Lg Child Po Junior Hunt TB Hunter 2 TB Hunter 3	ony-1196 ny-1191 ter 3'3" !'6"		er 1	Rider 2		ider 1	Rider 2			
have read the United States Equestr	Fe rian Federation, Inc. (the "Federation") I and and agree that by entering this Co my photos from the competition, and ag	mpetition, I am subject to F	as printed in the Prize List for E ederation Rules, the Prize List, a	Buffalo International ("indicated on the constraint of the constra	Competition")			+ datad with			bership card	sent proper USE. ds will result in r s being charged.		
Federation Release, Assumption of Risk, Waiver and IndemnifiThis document waives import ant legal rights. Read it carefully before signing. A Negative Coggins Test dated within one year of the show must accompany this entry.									Entry Fees =					
AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. 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									-	EMT/Office Fee (\$15) =				
and acknowledge thathorse 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 otherwisefor any Harm to me or my horse and for any Harm to any nature caused by me or my horse to										Stalls @ \$150 (\$175 after 9/1) =				
others, even if the Harm arisesor re	esults, directly or indirectly, from the isks of Harm to me or my horse, incl	negligence of the Federa	ation or the Competition.			, -	,,	,,		,	Hay (price	e posted at show)) =	
1 AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and the hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for anyHarm 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										Shavings (price posted at show) =				
protective equipment without penalty, and I acknowledge that the Federation strongly encourages meto do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a									USHJA Fee (\$7) =					
junior exhibitor, I consent to the child's participation and AGREE to all of the above provisionsand 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 onmy injury and treatment to the Federation on the official USEF accident/injury report form.								USEF Drug	USEF Drug Fee @\$16 (USEF \$8; D/M \$8) =					
BY SIGNING BELOW, I AGREE to	competition, the medical personnel b be bound by all applicable Federation my electronic signature shall have the	ion Rules and all terms a	nd provisions of this entry blan	kand all terms and p	rovisions of t				greement		USEF NM Fe Owner F		er	
Owner Signature:		Trainer Signature:			Rider #1 Signature:						USHJA NM Fee: \$30 Owner Rider Trainer			
Name		Name			Name					Total Due =				
USEF #		USEF #			USEF #				Amount Enclosed - MUST ENCLOSE					
Address		Address		ASPC	CA #		Birthdate			Stalls will n	ALL STALL FEES ill not be resevred without payment!			
City, State, Zip		City, State, Zip		Addr	ess							table With		
Phone		Phone		City, S	State, Zip									
Fax		Fax		Ride	Rider #2 Signature:						Arrival Date/Time			
Cell		Cell		Nam	Name									
Email		Email		USEF	#					L]	
SS #		SS #		ASPC	CA #		Birthdate			Make che	cks payable (in US Funds) and	mail to:	
Altern Name	Alternate Payee Coach				Address					BTRC 950 Amherst Street				
SS #		_ Sig.		City, S	City, State, Zip						Buffalo, NY 14216 716-877-9295; 716-877-4001 fax			
Address		Name	.	Sig.		Parent/G	iuardian				0-011-9295;	/ 10-6/ / -4001 fax		
City, State, Zip		Emergency Contact Sig. Phone Name												
					-									