Entries Close: AUGUST 24, 2021

HMI FRIENDSHIP SERIES

SEPTEMBER 18 - 19, 2021

FRAINER	ADDRESS						ZIP	Date of Birth:	/	/		
HOME # () BARN # ()		CELL#()				BARN NAME						
USEF/USHJA# Ema	il											
OWNER	ADDRESS				CITY/ST.			ZIP	Date of Birth:	/	/	
	WORK#() CELL#()								<u>'</u>			
		CELL#()									
JSEF/USHJA# Ema:	11											
RIDER	ADDRESS				CITY/ST.		ZIP	Date of Birth:	/	/		
HOME # () WORK # ()		CELL#()									
USEF/USHJA# Email												
HORSE	AGE	COLOR	SEX	HEIGHT		USEF/USHJA#						
RIDER	CLASSES											
RIDER	CLASSES											
	USHJA	OUT	REACI	I COV	(PETI	TION						
ENTRY AGREEMENT - Release, Assumption of Risk, Waiver, and Indemnification. This document waives important legal												
ights. Read it carefully before signing. I AGREE in consideration for my participation in this Competition to the following: I					DEPOSIT FEES 1 Horse @ \$25			Entry Fees Stall Fees @ \$350				
AGREE that the "Competition" as used herein includes the USHJA and Competition Management, as well as all of their					Horse Stall @ \$350			Tack Rooms @ \$350				
officials, officers, directors, employees, agents, personnel, volunteers and affiliates. I AGREE that I choose to participate					Tack Stalls @ \$350			Stall Fees @ \$400				
voluntarily in the Competition with my horse, as a rider, handler, longeur, lessee, owner, agent, coach, trainer, or as parent					Horse Stall @ \$400			Tack Rooms @ \$400				
or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent					Tack Stalls @ \$400			CA Drug Fees			\$8	
dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or							Non-Stabling @ \$50/day					
death. ("Harm"). I AGREE to hold harmless and release the USHJA and the Competition from all claims for money damages					TOTAL			Per horse per o				
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							Ambulance Fe					
the Harm arises or results, directly or indirectly, from the negligence of the USHJA or the Competition. I AGREE to expressly					INFORMATION			Payment # ()	
assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the USHJA or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the USHJA and the Competition and to					8.	31-594-171	If the hors	e is also show	ing in	ANY		
nold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused					Chec	cks Payable		trides & Tides	-			
by me or my horse while at the Competition. I understand that I am entitled to wear protective equipment without penalty,					HMI			ENTRY BLANK ONLY.				
and I acknowledge that the USHJA strongly encourages me to do so while WARNING that no protective equipment can					Ma	ail Entries	Stable With					
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					Headlands Management, Inc.							
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					1 Ivy Street							
nave the requisite training, coaching and abilities to safely compete in this competition BY SIGNING THE BACK, I AGREE						Monterey, CA 93940						
o be bound by the terms and provisions of this entry b	lank and all terms submi	tting this Agree	ment									