HMI FRIENDSHIP SERIES 3

TRAINER	ADDRESS						CITY/ST.			Date of Birth:	/	/	
HOME # () BARN # ()	CELL#()					BARN NAME							
USEF/USHJA# Email													
OWNER	ADDRESS					CITY/ST.			ZIP	Date of Birth:	/	/	
HOME # () WORK # ()		CELL#()											
USEF/USHJA# Email													
RIDER	ADDRESS					CITY/ST.			ZIP	Date of Birth:	/	/	
HOME # () WORK # ()	CELL#()												
. , ,													
USEF/USHJA# Email		1					0						
HORSE	AGE	COLOR	OLOR		HEIGHT	USEF/USHJA#							
RIDER	CLASSES												
RIDER	CLASSES												
USHJA OUTREACH COMPETITION													
ENTRY AGREEMENT - Release, Assumption of Risk, Waiver, and Indemnification. This document waives important legal						DEPOSIT FEES			Entry Fees				
rights. Read it carefully before signing. I AGREE in consideration for my participation in this Competition to the following: I						1 Horse @ \$25			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 day			
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 Fee @ \$30				
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						831-594-1719			If the horse is also showing in ANY				
hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused						Checks Payable To: HMI			classes in HMI June Classic. USE THAT ENTRY BLANK ONLY.				
by me or my horse while at the Competition. I understand that I am entitled to wear protective equipment without penalty,													
and I acknowledge that the USHJA strongly encourages me to do so while WARNING that no protective equipment can							Mail Entries To:			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.			The state of the s			
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						
have the requisite training, coaching and abilities to safely compete in this competition BY SIGNING THE BACK, I AGREE							Monterey, CA 93940						
to be bound by the terms and provisions of this entry blank and	all terms submi	tting this Agreer	ment										