## ENTRIES CLOSE: JUNE 22, 2020 NATIONAL JUNIOR HUNTER CHAMPIONSHIPS - WEST JULY 17 - 19, 2020

| OWNER OR AUTH  | ORIZED AGENT  |  |                             | RIF            | DER 1  |                                  |                 |                   | TRAINER   |     |  |  |
|--|---------------|--|-----------------------------|----------------|--|----------------------------------|-----------------|-------------------|---|-----|--|--|
| OWNER OR AUTHORIZED AGENT Owner Name   |               |  | Rider Name                  |                |  |                                  | Trainer Name    |                   |   |     |  |  |
| dress  |               | Addr   | ess                         | Address        | Address  |                                  |                 |                   |   |     |  |  |
| City   | State ZIP     | City   |                             |                | State  | ZIP                              | City            |                   | State   | ZIP | ,  |  |
| Social Security # or TIN #   |               | Phor   | ne                          |                | E-Mail   |                                  | Phone           |                   | E-Mail  |     |  |  |
| Phone  | ne E-Mail     |  | USEF#<br>USHJA#             |                |  | Date of Birth                    | Barn Phone      |                   | Cell Phone  |     |  |  |
| USEF# PCHA#  | Safe<br>Sport | CPH.   | A #                         | ASPCA#         |  | Safe<br>Sport                    | USEF#<br>USHJA# | PCHA :            | #   |     | afe<br>port  |  |
| Prize money paid to if other than owner  |               |  |                             |                | DER 2  | Sp 311                           | J = 1 (4) (1)   | CREDIT CARD PAYME |   |     |  |  |
| Name or Corporation  |               | Ride   | r Name                      |                | Download credit card form at headlandsmanagement.com |                                  |                 |                   |   |     |  |  |
| Address  |               | Addr   | Address                     |                |  |                                  | RIDER 2         |                   |   |     |  |  |
| City   | State ZIP     | City   | City State                  |                |  | ZIP USEF#<br>USHJA#              |                 | PCHA#             |   |     | Date of Birth  |  |
| Social Security # or TIN #   |               |  | Phone E-Mail                |                |  |                                  | CPHA#           |                   | ASPCA#  |     | Safe<br>Sport  |  |
| NAME OF HORSE  |               |  | AGE COLOR SEX HE            |                |  | RIDER                            |                 | CLA               |   |     | ASSES  |  |
|  |               |  |                             |                |  |                                  |                 |                   |   |     |  |  |
| Microchip #  |               |  | Please circle b             | elow if applic | able   |                                  |                 |                   |   |     |  |  |
| USEF#  |               |  |                             |                |  |                                  |                 |                   |   |     |  |  |
| USHJA#   | Measurement # |  | 1st Yr 2nd Yr               | Sm N           | /ld Lg   |                                  |                 |                   |   |     | OCIATION FEES  |  |
| IAGREE that "the Federation for my participation in this Competition for my participation in this Competition for my participation in this 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 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 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, and for claims made by others for any Harm caused by me or my horse, and for claims made by others for any Harm caused by me or my horse, and for claims made by others for any Harm caused by me or my horse, 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 par |               |  |                             |                |  |                                  |                 |                   |   |     | USEF Fee @ \$8 USHJA Fee @ \$7 CDFA Fee @ \$8  DW PASS FEES FPASS Fee @ \$45 A PASS Fee @ \$30  MISC FEES culance Fee @ \$20 Late Fee @ \$50  IINATING FEES Horse @ \$100 Horse Stall @ \$125 ck/Groom @ \$125 |  |
| M OWNER/AGE  | ENT           |  | RIDER/HAND                  | LER            |  |                                  | TRAINER         |                   | N   | 1   |  |  |
| M OWNER/AGE N D SIGNATURE:   |               |  |                             |                |  |                                  |                 |                   | Í   |     |  |  |
|  |               | SIGNATURE:<br>Is Rider/Handler is U<br>Print Name: | .S. Citizen (please circle) | ): YES NO      | )  | SIGNATURE:                       |                 |                   |   |     | t of stalls @ \$125  |  |
| Print Name: (Required if Rider/Handler is a minor) PARENT/GUARDIAN SIG.:   |               | SIGNATURE:   |                             |                |  | Print Name:  COACH SIGNATU       | DE.             |                   | (   | ——" | f of tack @ \$125  |  |
|  |               |  | .S. Citizen (please circle) | ): YES NO      | )  | Print Name<br>Emerg. Contact Pho |                 |                   |   |     |  |  |
| CHECKS PAYABLE TO: HMI PLEASE DO NOT MAIL ENTRY USING CERTIFIED MAIL MAIL TO: HMI * 1 IVY ST * MONTEREY, CA 93940 INFO: 831-594-1719 NO FAXED OR EMAILED ENTRIES   |               |  |                             |                | STABLE WITH:   |                                  |                 |                   | Large Stalls 10 x 12 Limited# of stalls @ \$175 # of tack @ \$175 |     |  |  |
| ENTER ONLINE @ SHOWGROUNDSLIVE.COM/HEADLANDS  PAYMENT # TOTAL ENCLOSED \$  |               |  |                             |                |  |                                  |                 |                   |   |     |  |  |