

Entry #	<b>CHECK SHOWS YOU PLAN ON ATTENDING:</b> <b>ENTRIES MUST BE POSTMARKED BY CLOSING DATES TO AVOID LATE FEES</b> <input type="checkbox"/> SPRING 1 <input type="checkbox"/> SPRING 2 <input type="checkbox"/> SPRING 3 <input type="checkbox"/> SPRING 4 <input type="checkbox"/> SPRING 5 <input type="checkbox"/> SPRING 6				<b>CLOSING DATES</b> SPRING 1,2,3 - APRIL 20, 2019 SPRING 4,5,6 - MAY 12, 2019		<b>SPRING 2019</b> <b>Tryon Horse Shows, LLC</b>	
<b>MAIL ENTRIES TO:</b> Horse Show Office, Tryon International Equestrian Center, 4066 Pea Ridge Rd., Mill Spring NC 28756 <b>HORSE SHOW ENTRY OFFICE:</b> 828-863-1005 <b>STABLING/STALL RESERVATIONS/FEED/BEDDING:</b> 828-863-1003							<b>MAKE CHECKS PAYABLE TO:</b> Tryon Horse Shows LLC or complete CC Autho Information below:	
NAME OF HORSE		USEF/USHJA #	BREED	COLOR	SEX	HEIGHT	AGE	<b>**CREDIT CARD Information/Authorization</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card <input type="checkbox"/> Amex # _____ - _____ - _____ - _____ Expiration Date: _____ / _____    CVV Code: _____ Card Holder's Name: _____ Signature: _____ Address: _____ City/State/Zip: _____
HORSE PASSPORT #		SIRE	DAM		DAM'S SIRE			
NAME OF RIDER		NATIONALITY	USEF/USHJA #	DOB	SECTIONS/CLASSES ENTERED/FEI			
<b>**Credit Card Policy:</b> We encourage you to close out your account each week in person or online. However, if you do not, you automatically agree to authorize Tryon Horse Shows to charge your credit card for all entry fees, stabling fees, association fees, etc. associated with your horse(s). If you dispute a charge made by Tryon Horse Shows, you may not be able to show until the charge dispute has been resolved.								
<b>United States Equestrian Federation, Inc. Entry Agreement</b> I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for the Tryon Spring Series, 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 at the competition, and agree that any actions against the Federation must be brought in New York State. <b>Release, Assumption of Risk, Waiver, and Indemnification. * This Document waives important legal rights. Read it carefully before signing.</b> I AGREE in consideration for my participation in the Tryon Spring Series, to the following: I AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. 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 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. <b>BY SIGNING BELOW, I AGREE</b> 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. (Parent/Guardian must sign for minor owner/rider.)								# _____ Stalls \$250 # _____ FEI Stall; _____ Extra (if avail) @\$300 Grounds Fee (if no stall) @ \$40 Jumper Nominating Fee \$225 USEF (Non-Member) Show Pass @ \$45 USHJA (Non-Member) Show Pass @ \$30 USEF Fee (\$15 Drug & Medication/\$8 USEF)    \$23 USHJA Fee @ \$7 Office Fee @ \$50    \$50 Late Fee @ \$50 Non-Showing Fee @ \$40 Equine Nighttime Security    \$10 Ambulance Fee    \$15 <b>TOTAL</b>
<b>In Case of Emergency during the show contact name, phone #</b>								
<b>Owner/Agent</b> Signature _____ Print Name _____ Address _____ City/State/Zip _____ Phone (_____) _____ USEF # _____ Email Address: _____		<b>Trainer</b> Signature _____ Print Name _____ Address _____ City/State/Zip _____ Phone (_____) _____ USEF # _____ Email Address: _____		<b>Rider 1</b> Signature _____ Print Name _____ Address _____ City/State/Zip _____ Phone (_____) _____ USEF # _____ Email Address: _____		<b>Rider 2 or Coach (if applicable)</b> Signature _____ Print Name _____ Address _____ City/State/Zip _____ Phone (_____) _____ USEF # _____ Email Address: _____		
<b>TAXPAYER INFORMATION IS REQUIRED IN ORDER FOR PRIZE MONEY TO BE APPLIED/PAID</b>		Taxpayer Name (must coincide with SS# or EIN#) _____ Social Security # or Federal ID # _____		Prize Money Payee Address _____ _____		Stable With:		