Entry # **CIRCLE SHOWS YOU PLAN ON ATTENDING: CLOSING DATES SUMMER 2020** MAILED ENTRIES MUST BE POSTMARKED BY CLOSING DATES TO AVOID LATE FEES **SUMMER 1,2,3 - JUNE 2, 2020 Tryon Horse Shows, LLC** SUMMER 4.5.6 - JUNE 20, 2020 SUMMER 1 SUMMER 2 SUMMER 3 SUMMER 4 SUMMER 5 SUMMER 6 MAKE CHECKS PAYABLE TO: Tryon Horse Shows LLC ONLINE ENTRIES - WWW.TRYON.COM OR WWW SHOWGROUNDSLIVE.COM MAIL ENTRIES TO: Horse Show Office, TIEC, 4066 Pea Ridge Rd., Mill Spring NC 28756 STABLING/STALL RESERVATIONS: 828-863-1003 HORSE SHOW ENTRY OFFICE: 828-863-1005 or complete CC Autho Information below: NAME OF HORSE USEF/USHIA # BREED COLOR SEX HEIGHT AGE **CREDIT CARD Information/Authorization ☐ Visa ☐ MasterCard ☐ Discover Card ☐ Amex HORSE PASSPORT # SIRE DAM DAM'S SIRE Expiration Date: _____ / ____ CVV Code: _____ NAME OF RIDER NATIONALITY USEF/USHIA# DOB SECTIONS/CLASSES ENTERED/FEI Card Holder's Name: Signature: Address: *Credit Card Policy: 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 City/State/Zip:____ 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. FEDERATION ENTRY AGREEMENT Stalls: Summer 1,2@\$200; Summer 3-6@\$275 By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulter FEI Stall; Extra (if avail) @\$300 or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject of the Bylaws and Rules of the United States Equestrian Federation, Inc. (the "Federation") and the local rules of the Tryon Summer Series (Competition). I agree to be bound by the Bylaws and Rules of the Grounds Fee (if no stall) @ \$40 Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Jumper Nominating Fee \$225 USEF (Non-Member) Show Pass @ \$45 Federation and/or the Competition may use or assign photograps, videos, audios, cablecasts, broadcasts, internet, film, news media or other likenesses of me and my USHJA (Non-Member) Show Pass @ \$30 horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly ad irrevocably waive and release any rights in connec-USEF Fee (\$15 Drug & Medication/\$8 USEF) tion with such use, including any claim to compensation, invasion of privacy, right of publicity, or to isappropriation. The construction and application of Federation \$7 USHJA Fee @ \$7 rules are governed by the laws of the State of New York, ad any action instituted against the Federation must be filed in New York State. See GR908.4. Office Fee @ \$50 \$50 I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT Late Fee @ \$50 CONTAINS AN ASSUMPTION OF RISK. RELEASE AND WAIVER FROM LIABILITY, AS WELLAS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS. Non-Showing Fee @ \$40 Equine Nightime Security \$20 By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any USEF Event. If, despite this Agreement, I or anyone on my behalf or the minor's behalf, makes \$15 Ambulance Fee a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result TOTAL of such claim. In Case of Emergency during the show contact name, phone # BY SIGNING BELOW, I AGREE 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.) Owner/Agent Rider 2 or Coach (if applicable) Trainer Rider 1 Signature _____ Print Name _____ Print Name _____ Print Name _____ Print Name Address Address ____ Address _____ City/State/Zip _____ City/State/Zip _____ City/State/Zip ____ City/State/Zip _____ Phone () Phone (____)____ Phone (_____)_ Phone () USEF# USEF # USEF# USEF # Email Address: _____ Email Address: Email Address: Email Address: Prize Money Payee Address Stable With: TAXPAYER INFORMATION Taxpayer Name (must coincide with SS# or EIN#) IS REOUIRED IN ORDER FOR PRIZE MONEY TO BE

Social Security # or Federal ID #

APPLIED/PAID