

ONE OWNER PER FORM USEF # _____ AMHA # _____
 UPHA # _____ USDF # _____
 OWNER _____
 ADDRESS _____

 PHONE _____
 EMAIL _____
 PLEASE STABLE WITH _____

VERMONT SPRING CLASSIC

May 18-21, 2011
ENTRIES DUE APRIL 19, 2011
HORSES ENTERED AFTER APRIL 19, 2011
\$25 PER HORSE
ENTRIES NOT SIGNED
WILL NOT BE ACCEPTED
NO LATE ENTRY FEE FOR SPONSORS

Please make checks payable to
Vermont Spring Classic
 and return with this form to:
Pam Turner, Secretary
584 Ridge Rd.
Horseheads NY 14845
 Tel.: 607-739-3341 Fax: 866-814-9401
 pfturner584@verizon.net

EB#

Entry #	Horse Name #1				USDF	Sex	DOB	Sire	Dam
					Reg. #				
	Classes					Shown By			
Classes					Shown By				
Entry #	Horse Name #2				USDF	Sex	DOB	Sire	Dam
					Reg. #				
	Classes					Shown By			
Classes					Shown By				
Entry #	Horse Name #3				USDF	Sex	DOB	Sire	Dam
					Reg. #				
	Classes					Shown By			
Classes					Shown By				

TOTALS

HORSE #1 _____
 HORSE #2 _____
 HORSE #3 _____
 USEF DRUG FEE
 \$15 PER HORSE _____
 (INCLUDES \$7 D&M)
 HORSE STALLS
 @ \$120 _____
 CAMPER SPACE
 @ \$225 _____
 BOX SEATS
 @ \$95 _____
 USEF
 NON-MEMBER
 FEE @ \$30 _____
 CLASS SPONSOR
 @ \$50 _____
 CHAMPIONSHIP
 CLASS SPONSOR
 @ \$100 _____
 PARTY SPONSOR
 PIZZA @ \$125 _____
 PARTY SPONSOR
 LASAGNA @ \$250 _____
 PARTY SPONSOR
 RIBS @ \$250 _____
 GREEN MOUNTAIN
 SPONSOR @ \$500 _____
 OFFICE FEE
 @ \$25 _____
 LATE FEE
 @ \$25
 PER HORSE _____
TOTAL _____

OFFICE USE ONLY

USEF# _____ AMHA# _____
 REG _____ COG _____
 RABIES _____ UPHA# _____
 SIG _____ PD _____
 CK# _____ CC _____
 USDF# _____

Make checks payable to Vermont Spring Classic

Non-US checks must be marked "Payable in US Funds"

If you wish to charge your entries, please fill out the following:

VISA MC

EXPIRATION DATE _____ SEC CODE _____

SIGNATURE _____

Rider #1 _____

Address _____

City, State, ZIP _____

USEF# _____ AMHA# _____ UPHA# _____ USDF# _____

Rider #2 _____

Address _____

City, State, ZIP _____

USEF# _____ AMHA# _____ UPHA# _____ USDF# _____

Please use this form to list all your customers who are to be stabled with you, including those sent in separately. Requests from entries to be stables with you will not be considered unless their name appears on the list below.

Owners Name	# Stalls
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

WARNING: Under Massachusetts Law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities. Pursuant to Chapter 128, Section 2D of the General Law.

United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for Vermont Spring Classic and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, Prize List, and local rules of the competition. I agree to waive the right to the use of my photos from the Competition, and agree that any actions against the Federation must be brought in New York State.

Federation Release, Assumption of Risk, Waiver and Indemnification

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition to the following:

I AGREE that "the Federation" and "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 UPHA Chapter 14 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 resulted, 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 that I 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 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.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

X _____ (Owner/Agent) Mandatory—See front for complete address/USEF Number info	X _____ Trainer (Mandatory) USEF # _____	X _____ (Rider/Driver/Handler #1 (Mandatory)) Print Name _____
Print Name _____	Print Name _____	X _____ (Rider/Driver/ Handler #2 (Mandatory)) Print Name _____
Coach Signature _____	Address _____	X _____ (Rider/Driver/Handler #3 (Mandatory)) Print Name _____
Print Coach Name _____	City, State, Zip _____	
Coach USEF# _____	Phone _____	
Coach Address _____	E-Mail: _____	

Parent/Guardian Signature: (If Rider/Driver/Handler is a minor) _____	Emergency Number _____
Print Parent/Guardian Name: _____	Is Rider/Driver a US Citizen: ____ Yes ____ No