

## CHJA 2019 MEDAL FINALS

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Deadline: Sept 30th 5:30

CHJA #	Horse Name:	Sex	Foaling Date	Color	Age	Height	Size	Green Year
Primary Owner Name:		CHJA	DOB	Owner Email Address:		Owner Signature-I have read/agree to Federation Entry Agreement below		
Owner Address		City/State/Zip		Cell Phone:	Home Phone:	Emergency Phone:		
Rider #1 Name:		CHJA	#	DOB	Rider #1 Email Address:		Rider #1 Signature-I have read/agree to Federation Entry Agreement below	
Rider #1 Address		City/State/Zip		Cell Phone:	Home Phone:	Emergency Phone:		
Rider #1 Classes by Number				Rider #1 Sections				
Rider #2 Name:		CHJA	#	DOB	Rider #2 Email Address:		Rider #2 Signature-I have read and agree to Federation Entry Agreement below	
Rider #2 Address		City/State/Zip		Cell Phone:	Home Phone:	Emergency Phone:		
Rider #2 Classes by Number				Rider #2 Sections				

### Federation Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for above show 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 from the competition, and agree that any actions against the Federation must be brought in Colorado State. I hereby indemnify and hold harmless NWSS, CHJA staff, NWSS Staff, equipment from any and all liability arising from incidents related to this show.

### 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 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 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 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. 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

Show Fees:	Qty	Amount
Office Fee		25
EMT Fee		20
Schooling Tickets		15
Open Schooling		30
Stalls Must use form due 9-27		X
Stall panel Removal		15
Bio Security Fee		20
Payment Information		

Owners Parent/Guardian Signature (Required if rider/driver/handler is a minor) \_\_\_\_\_ Print Parent/Guardian Name: \_\_\_\_\_ Is Rider/ a U.S. Citizen? \_\_\_ Yes \_\_\_ No

Rider #1 Parent/Guardian Signature (Required if rider/driver/handler is a minor) \_\_\_\_\_ Print Parent/Guardian Name: \_\_\_\_\_ Is Rider/ a U.S. Citizen? \_\_\_ Yes \_\_\_ No

Rider #2 Parent/Guardian Signature (Required if rider/driver/handler is a minor) \_\_\_\_\_ Print Parent/Guardian Name: \_\_\_\_\_ Is Rider/ a U.S. Citizen? \_\_\_ Yes \_\_\_ No

Trainer:	CHJA#	Cell #	Email Address:
Address:	City/State/Zip		Trainer Signature
Taxpayer Name:	Address/City/State/Zip		SS# or TIN