

SUSSEX COUNTY HORSE SHOW OUTREACH ENTRY FORM 2022

Fax: 484-737-6592

Please make checks out to: **SCHS**

SHOW DATE: _____

Back#	Name of Horse	USEF #	Color	Sex	Ht.	Age	Green Year	Horse/Pony
							1st 2nd	Sm Md Lg
Name of Rider #1		Age	USHJA#	Classes:				
Name of Rider #2		Age	USHJA#	Classes:				
Owner or Authorized Agent		Rider# 1	Rider# 2		Trainer			
Owner's Name:		Rider Name:		Rider Name:		Trainer Name:		
Address:		Address:		Address:		Address:		
Phone#:		Phone#:		Phone#:		Phone#:		
Owner USHJA #:		Rider USHJA #:		Rider USHJA #:		Trainer USHJA #:		
Recipient of		Name of Individual/Corporation:						
SSN or Tax ID:		Address:						

YES, I would like to receive emails about upcoming Sussex County Email: _____

ALL PRE ENTRIES CLOSE THE WEDNESDAY BEFORE THE SATURDAY SHOWS AND THE SUNDAY BEFORE THE 2 WEEKDAY SHOWS IN AUGUST

ENTRY AGREEMENT - 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 "Competition" as used herein includes the USHJA and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, handler, 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 USHJA 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 USHJA 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 USHJA or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the USHJA 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 understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the USHJA 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 BY SIGNING ABOVE, I AGREE to be bound by the terms and provisions of this entry blank and all terms submitting this Agreement.

Fees:	
Classes:	
Schooling Fee: \$15 each	\$15
Office	\$35
USHJA Outreach Fee \$2 fee	\$2
Grounds	\$5
Post Entry \$25	
Stall 40 Night / \$30 Day	
Camper Hookup: \$25 Night	
Total 3% Card Processing Fee	

Credit Card Payments:

Mastercard Discover
 VISA AMEX

Card Account Number _____

Expiration Date _____ Credit card CV# _____

Name on card _____

Rider (Mandatory)	Owner/Agent (Mandatory)	Trainer (Mandatory)	Coach (If Applicable)
Signature: _____	Signature: _____	Signature: _____	Signature: _____
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Is Rider a U.S. Citizen? Yes No			

PARENT/GUARDIAN _____ **PARENT/GUARDIAN:** _____
SIGNATURE (required if rider is a minor) _____ **PRINT NAME** _____