

2018 Texas Rose Spring Kick-Off I ~ March 2-4, 2018

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Mail: CEP/TRHP, 29455 N. Cave Creek Road, Suite 118-430, Cave Creek, AZ 85331 • Email: cepshows@aol.com • Fax: 602.428.6804 • Entries Close Monday, February 12th, 2018

Horse's Name:			USEF / USHJA #:		
Breed:	Color:	Age:	Sex:	Height:	
THJA Recording #:		Office Use Only: <input type="checkbox"/> Measurement Card Verified			
Owner's Name:			USEF / USHJA #:		
Address:			Office Use: <input type="checkbox"/> Card <input type="checkbox"/> S/P <input type="checkbox"/> JAS <input type="checkbox"/> Amateur		
City:	State:	Zip:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SSN or Fed Tax ID # (for prize money):			THJA #:		
Email Address:			Phone: ()		
Trainer's Name:			USEF / USHJA #:		
Barn / Farm Name:			THJA #:		
Address:			Office Use: <input type="checkbox"/> Card <input type="checkbox"/> S/P <input type="checkbox"/> JAS <input type="checkbox"/> Amateur		
City:	State:	Zip:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:			Phone: ()		
Rider 1 Name:			USEF / USHJA #:		
Address:			Office Use: <input type="checkbox"/> Card <input type="checkbox"/> S/P <input type="checkbox"/> JAS <input type="checkbox"/> Amateur		
City:	State:	Zip:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:					
USEF Show Age:	ASPCA #:	THJA #:			
Rider 2 Name:			USEF / USHJA #:		
Address:			Office Use: <input type="checkbox"/> Card <input type="checkbox"/> S/P <input type="checkbox"/> JAS <input type="checkbox"/> Amateur		
City:	State:	Zip:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:					
USEF Show Age:	ASPCA #:	THJA #:			
Rider 3 Name:			USEF/USHJA #:		
Email Address:			US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
USEF Show Age:	ASPCA #:	THJA #:	Office Use: <input type="checkbox"/> Card <input type="checkbox"/> S/P <input type="checkbox"/> JAS <input type="checkbox"/> Amateur		
Prize Money Payee (if other than owner):					
Address:			SSN or Fed Tax ID #:		
City:	State:	Zip:			
Emergency Contact (during the show) - Name:			Phone: ()		

Fees Due With This Entry

1 Registration Fee @ \$100 \$ **100.00**

To pay by credit card, please fill out the Credit Card Authorization Form, located in this prize list or on the CEP website at www.cepshows.com, and submit with this entry. Otherwise, you may include a check payable for this amount which will be deposited on the entry closing date.

of Stalls Reserved: _____

Payment for stalls can be made at the show. If you reserve a stall and don't cancel it by the entry closing date, you or your trainer will be responsible for payment whether used or not.

Other Fees Due At The Show

Stall / Tack Stall Fee @ \$150
 Jumper Nominating Fee @ \$50
(if showing in any jumper class at 1.20m or higher)
 Grounds Fee @ \$55 *(if not using a stall)*
 USEF Fee @ \$23 *(USEF @ \$8 / Drug Fee @ \$15)*
 USHJA Fee @ \$7
 USEF Show Pass @ \$45 *(if not USEF member)*
 USHJA Show Pass @ \$30 *(if not USHJA member)*
 RV Spaces @ \$235

Sections / Classes For Rider 1

Sections / Classes For Rider 2

Sections / Classes For Rider 3

Office Use Only

Entry Postmarked ____/____/____

Amount Received: \$ _____

Check #: _____ CC Transaction #: _____

UNITED STATES EQUESTRIAN 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 the show ("Competition") 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 New York State.

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 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. 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.

Owner Signature: _____

Trainer Signature: _____

Rider 1 Signature: _____

Rider 2 Signature: _____

Rider 3 Signature: _____

Parent / Adult Guardian Sign & Print Name (if any riders are minors):

Signature: _____

Print Name: _____