



FOR OFFICIAL USE ONLY	

Entries will not be accepted without signatures and full payment of fees in U.S. funds. Make checks payable to NODA. Mail this entry form and payment to: **BMCI, PO Box 248, Dexter MI 48130.**

Name of Show: **Dressage 2017** (Saturday)

Name of Horse	Breed	Sex	Color	Height	Year Born

Enclosed copy of negative **Coggins** is dated: _____

Membership Information

Horse	Rider	Owner	Trainer	Coach
USEF#	USEF#	USEF#	USEF#	USEF#
USDF#	USDF#	USDF#		

Class No.	Class Name	Qual Ride? Add \$10	Total Class Fee

Rider _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Is Rider a US Citizen? _____ If not, state citizenship _____

Birth date if Junior/Young Rider _____

Owner _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Trainer _____

Coach (if applicable) _____

Stable with _____

Special Stable Requests _____

Emergency Contact Number _____

Subtotal of Class Fees	
Stabling	
Tack stall	
Haul in fee for horse without a stall (\$20 per day)	
Office Fee	\$30.00
Processing fee for non-online entries	\$15.00
USEF Fee (per horse) (\$8 D&M; \$8 Federation)	
USEF Show Pass Fee (\$30 per non-member)	
USDF Non-Member Fee (\$25 per Non-Member)	
USDF HID Number (\$25 if needed)	
Post entry/other	
TOTAL	

I understand that entering the Competition, coming on to the grounds, and participating in the Competition constitute "equine activities" as defined by the Ohio Equine Activity Act, ORC Ann. 2305.321. I agree to waive all claims against the Competition management and the Competition host facility, as well as their respective employees, agents, and owners, for injury or death resulting from an inherent risk of an equine activity, including but not limited to the following: (a) the propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; (c) hazards, including, but not limited to, surface or subsurface conditions; (d) a collision with another equine, another animal, a person, or an object; and (e) the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant, or to other persons, including but not limited to failing to maintain control over the equine or failing to act within the ability of the participant.

I HEREBY ENTER THE ABOVE LISTED HORSE AT MY OWN RISK AND SUBJECT TO ALL THE RULES OF NODA AND CHAGRIN VALLEY FARMS. I FURTHER AGREE THAT IF ANY DAMAGE BE OCCASIONED OR LOSS OCCUR TO THE HORSE EXHIBITED, ANY VEHICLE, ARTICLE OR PERSON WHICH I MAY SEND WITH THE HORSE, I WILL MAKE NO CLAIM AGAINST NODA OR CHAGRIN VALLEY FARMS

United States Equestrian Federation, Inc. Entry Agreement

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of United States Equestrian Federation, Inc. (the "Federation") and the local rules of the competition.

I agree to be bound by the Bylaws and Rules of the 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 Federation and/or the Competition may use or assign photographs, videos, audios, cablecasts, broadcast, internet, film, new media or other likenesses of me and my 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 and irrevocably waive and release any rights in connection with such use, including and claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. (GR 906.4 – rev 12/01/2009)

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 (Dressage 2017/ Dressage 2017 Encore) 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, vaultor, 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 GR 801 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 AGREE that "the Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

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 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. (GR908-revised 12/01/2011)

Rider (mandatory) _____ Print Name _____

Is the Rider a U.S. Citizen? ___Yes ___No If not, give national citizenship _____

Owner (mandatory) _____ Print Name _____

Trainer (mandatory) _____ Print Name _____

Coach (if applicable) _____ Print Name _____

Parent/Guardian Signature (Required if Rider is a minor) _____

Print Parent/Guardian name _____

Emergency Contact/Relationship _____ Phone _____