### **Close of Entries:**

# Monday, August 26<sup>th</sup>, 2013

Late Entries will be accepted with a \$50 post entry fee. Entries Received after closing day will not be included in the Official Show Program

# **Official Entry Form**

### Egyptian Breeders Classic September 27<sup>th</sup>-29<sup>th</sup>, 2013

## **Mail Entries to:**

Mary Kanaga Egyptian Breeders Classic 7330 West Caribbean Lane Peoria, AZ 85381

PLEASE TYPE OR CLEARLY PRINT. ONLY ONE HORSE PER ENTRY FORM. All entries must be complete and contain the correct fees. Enclose or email copies of horse registration papers (both sides), purchase contract (if applicable), USEF/CEF membership cards, competition cards for each handler and owner.

	Name of Horse	Registration #		Date of Birth		Birth	Sex	Color	Height	
	Sire	Dam				Horse US		SEF#		
Handler		USEF#		Class#		Entry	Entry Fee \$ Class # En			Entry Fee \$
Handler Address		City/State/Zip				Phone				•
Handler		USEF# Class#			Entry Fee \$		Class#		Entry Fee \$	
Handler Address		City/State/Zip					Phone			
OVA/NIEDS EN	ITERING MORE THAN ONE HORSE HISE ADDIT	TIONIAL EN	ITDV FOR	)						
	ITERING MORE THAN ONE HORSE, USE ADDIT signing this entry form acknowledges that he			. ,						
front and re	verse side of this official entry form and agree	es to the a	applicabl	e	Total Entry Fees\$\$\$\$					
	itions, waivers, releases, indemnification and			th						
Herein, Each	person agrees that information on this form	i is accura	te.		Horse Stall @ \$200 each\$\$					
OWNER (Ex	actly as it appears on horse registration papers or con	itract)			Mandatory Fees:					
Name					Office Fee @ \$25/horses\$					
Farm/Ranch	USEF/EC #			USEF Drug Fee @ \$16/horse\$(Includes \$8 Drugs & Medication Fee)						
Address USEF Farm#										
City/State/Zip					Non-Member Fees (USEF):					
Phone E-mail:					USEF Non-member Fee @\$5/person\$					
SSN/Tax ID Name						Optional Fees: Late Registration Papers @\$25/horse\$				
TRAINER ( All conformations will be emailed to the trainer)					Cate Registration Papers @ \$25/1015e\$					
Name					Enclosed Total Fees \$					
Address	ι	JSEF#				, ocu . c	, ta c c	υ Ψ		
City/State/Zi	р				Paymen	t Inforr	nation:			
Phone E-mail:				☐ Check (payable to EBC) ☐ Credit Card						
ALL Entry Confirmations will be Emailed					Card #					
Please specify Name and Email Address of person authorized to receive confirmations:					Exp. Date Amount Name					
Name:										
Email:					\$50 charge: NSF checks or declined Credit Card (per attempt)					
	NFORMATION orate my stalls: $\square$ YES $\square$ NO I will be	e stabling	g with: _							
CLOSING DATE OF ENTRIES: Entries MUST BE postmarked by Monday, August 26 <sup>th</sup> , 2013  Late Entries with incur a \$50 penalty per horse										
OFFICE USE ONLY: Paid \$ Check # Date Received										

## **Egyptian Breeders Classic Entry Agreement**

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulter 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 The United States Equestrian Federation, Inc. (the "Federation") and the local rules of the Egyptian Breeders Classic. 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, cable - casts, broadcasts, internet, film, news 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 any 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. See GR908.4.

#### 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 results, directly or indirectly, from the negligence of the Federation or the Competition.

**I AGREE** to expressly assume all risks of Harm to my horse, or me 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. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and affect as if I affixed my signature by my own hand. BOD 1/23/11 Effective 12/1/11.

OWNER/AGENT (Mandatory)	TRAINER (Mandatory)	COACH (If applicable)			
OWNER, AGENT (Walldatory)	Must be signed by owner if there is no trainer	Must be signed by owner if there is no coach			
Signature:	Signature:	Signature:			
Print Name:	Print Name:	Print Name:			
HANDLER (Mandatory)	HANDLER (Mandatory)	HANDLER (Mandatory)			
Signature:	Signature:	Signature:			
Print Name:	Print Name:	Print Name:			

JUNIOR (MINOR) EXHIBITOR CONSENT/WAIVER: I hereby consent to the entry of my child in this horse applicable terms, conditions, waivers and consent as s	<u> </u>	,
Name of Minor:	Birth date:	Age:
Signature of Parent/Guardian:	Print Name:	
Emergency Contact (at show):		
Cell (at show):	email:	