

Make checks payable & mail to:
 Chagrin Valley PHA Horse Show, Inc.
 C/O Gail Tobin, 351 Aurora St., Hudson, OH 44236

Chagrin Valley Hunter Jumper Classic
July 15, 16, 17, 18, 19, 20, 2008

Entries Close: June 20, 2008
DO NOT USE THIS ENTRY BLANK FOR

OPENING WEEKEND JULY 12 & 13 CLASSES or HUNTER DERBY

Name of Horse					USEF Rec. #	Circle Type(s)	Name of Rider(s)/Handler(s)	Class or Division Numbers	Entry Fees
Color	Sex	Ht.	Age	Green 1 2	Horse/Pony sm md lg	Jumper Nom. Jumper Grand Prix Hunter Eq.			
Only One Horse Per Entry Blank									
Breeding Horses include Name of Sire, Dame and Sire of Dame									

OWNER OR AUTHORIZED AGENT	RIDER ONE	TRAINER
Owner Name _____ USEF# _____ Address _____ City/State/Zip _____ Phone _____ Email _____ Agent Name _____ (if different from Owner)	Name _____ USEF# _____ Address _____ City/State/Zip _____ Phone _____ Email _____ B-Day ____/____/____ ASPCA# _____ USHJA# _____	Name _____ USEF# _____ Farm Name _____ Address _____ City/State/Zip _____ Phone _____ Email _____

RECIPIENT OF PRIZE MONEY AWARDS	RIDER TWO	PRE-ORDER BEDDING & FEED
Name _____ OR Corporation _____ SS# _____ OR Fed ID# _____ Address _____ City/State/Zip _____	Name _____ USEF# _____ Address _____ City/State/Zip _____ Phone _____ Email _____ B-Day ____/____/____ ASPCA# _____ USHJA# _____	Use separate form to Pre-Order Bedding and Feed
		ARRIVAL DATE: _____ STABLE WITH/NEXT TO: _____

USEF Entry Agreement -I have read the USEF ("the Federation") Entry Agreement (Article 1502.4) as printed in the Prize List for this 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 at the competition, and agree that any actions against the Federation must be brought in New York State.

USEF Release, Assumption of Risk, Waiver and Indemnification
This document waives important legal right, read it carefully before signing.

-I AGREE in consideration for my participation in this Competition (Chagrin Valley Hunter Jumper Classic) to the following:
 -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 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 caused by me or my horse to others, even if the Harm 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 at the Competition.
 -I have read the Federation Rules about protective equipment, including Articles GR318 and EV113, 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 rules and provisions of this entry blank.

Entries & payment must be postmarked by 6/20/08 - See Pg 9 of Prize List regarding Entries

INDICATE BELOW QUANTITY ORDERED AND AMOUNTS DUE WITH THIS ENTRY FORM:

DEPOSIT FEES (Below must send with entry)	Total Entry Fees from above \$ _____
Horse Stalls @ \$200 X _____ = \$ _____	Overnight Horse Watch Fee @ \$8 (per horse for entire show, required if stabled) \$ _____
Tack Stalls @ \$200 X _____ = \$ _____	Office Fee \$30.00
Late Stall fee @ \$25 (if ordering after 6/20/08) X _____ = \$ _____	Non-Showing Horse Fee \$125 \$ _____
Jumper Nom. @ \$175 X _____ = \$ _____	USEF Fee @ \$5 \$5.00
Late Jumper Nom. @ \$25 (if ordering after 6/20/08) X _____ = \$ _____	USEF Drug Fee @ \$7 \$7.00
	Jr. USEF Non-Mem Fee @ \$20 \$ _____
	Sr. USEF Non-Mem Fee @ \$25 \$ _____
	USHJA Non-Mem Fee @ \$20 \$ _____
	USEF Breed/Discipline Fee @ \$5 \$ _____

Classic Area Seating: To order use separate order form on page 53

Total Deposit Amount Enclosed \$ _____

Total Owed at Show \$ _____

OPEN CHECKS WILL NOT BE ACCEPTED FOR STALLS & NOMINATION FEES
****US FUNDS ONLY** FOR CREDIT CARD PAYMENTS USE SEPARATE FORM**

OWNER/AGENT SIGNATURE: _____ Print Name: _____	RIDER/HANDLER SIGNATURE: _____ Print Name: _____ Is Rider a US Citizen: YES NO	TRAINER SIGNATURE: _____ Print Name: _____	OFFICE USE ONLY
PARENT/GUARDIAN SIGNATURE: _____ Print Name: _____ (Required if Rider/Handler is a minor)	RIDER/HANDLER SIGNATURE: _____ Print Name: _____ Is Rider a US Citizen: YES NO	COACH SIGNATURE: _____ Print Name: _____	
			Check # _____ \$ _____

Please enclose a copy of your USEF Membership and Measurement card along with payment