



GRAND NATIONAL & WORLD CHAMPIONSHIP MORGAN HORSE SHOW®

ENTRIES MUST BE POSTMARKED ON OR BEFORE
AUGUST 14, 2018
or RECEIVED by August 21, 2018
ALL OTHERS WILL BE ACCEPTED AS POST ENTRIES

Send entries to: Peggy Hatfield
2215 E 93rd St N
Valley Center, KS 67147
Phone: 316-755-0395
Fax: 316-223-8119

ONE OWNER PER ENTRY BLANK—Signatures Required on Reverse

- Enclose copies of all USEF & AMHA membership cards & registration papers (USDF if applicable)
- Complete all information on reverse side
- Indicate rider # in parentheses () for each class
- Do not enter Medal Finals or UPHA Phase II
- Put * next to class # if this is an Alumni Futurity Entry and add \$20 to class fee
- **THIS SECTION IS MANDATORY**
- If you have not yet qualified, please write the name of the show where you intend to qualify.
- If qualifying is not required, please write N/A

LEAVE BLANK	HORSE						CLASS # ()	()	()	()	()	TOTAL ENTRY FEES	QUALIFYING SHOW	NAME OF QUALIFYING CLASSES	
	REG #	YOB	SEX	COLOR	HORSE USEF ID #	HORSE USDF #	\$	\$	\$	\$	\$				
							+		+		+		+		=
	SIRE						RIDER/DRIVER (1)			RIDER/DRIVER (3)					
DAM						RIDER/DRIVER (2)			RIDER/DRIVER (4)						
LEAVE BLANK	HORSE						CLASS # ()	()	()	()	()	TOTAL ENTRY FEES	QUALIFYING SHOW	NAME OF QUALIFYING CLASSES	
	REG #	YOB	SEX	COLOR	HORSE USEF ID #	HORSE USDF #	\$	\$	\$	\$	\$				
							+		+		+		+		=
	SIRE						RIDER/DRIVER (1)			RIDER/DRIVER (3)					
DAM						RIDER/DRIVER (2)			RIDER/DRIVER (4)						
LEAVE BLANK	HORSE						CLASS # ()	()	()	()	()	TOTAL ENTRY FEES	QUALIFYING SHOW	NAME OF QUALIFYING CLASSES	
	REG #	YOB	SEX	COLOR	HORSE USEF ID #	HORSE USDF #	\$	\$	\$	\$	\$				
							+		+		+		+		=
	SIRE						RIDER/DRIVER (1)			RIDER/DRIVER (3)					
DAM						RIDER/DRIVER (2)			RIDER/DRIVER (4)						
LEAVE BLANK	HORSE						CLASS # ()	()	()	()	()	TOTAL ENTRY FEES	QUALIFYING SHOW	NAME OF QUALIFYING CLASSES	
	REG #	YOB	SEX	COLOR	HORSE USEF ID #	HORSE USDF #	\$	\$	\$	\$	\$				
							+		+		+		+		=
	SIRE						RIDER/DRIVER (1)			RIDER/DRIVER (3)					
DAM						RIDER/DRIVER (2)			RIDER/DRIVER (4)						
LEAVE BLANK	HORSE						CLASS # ()	()	()	()	()	TOTAL ENTRY FEES	QUALIFYING SHOW	NAME OF QUALIFYING CLASSES	
	REG #	YOB	SEX	COLOR	HORSE USEF ID #	HORSE USDF #	\$	\$	\$	\$	\$				
							+		+		+		+		=
	SIRE						RIDER/DRIVER (1)			RIDER/DRIVER (3)					
DAM						RIDER/DRIVER (2)			RIDER/DRIVER (4)						

NO ENTRY WILL BE PROCESSED WITHOUT ALL SIGNATURES AND PAYMENT IN FULL

TOTAL ENTRY FEES \$ _____

All prize money to be paid to owners. All fees must be paid in full or entries will be returned. All money must be US Funds
**ENTRIES CLOSE AND MUST BE POSTMARKED ON OR BEFORE AUGUST 14, 2018, OR
 RECEIVED BY AUGUST 21, 2018 • ALL OTHERS WILL BE ACCEPTED AS POST ENTRIES**

FEDERATION 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 The 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, cable - casts, broadcasts, 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 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

Release, Assumption of Risk, Waiver and Indemnification

This document waives important legal rights. Read it carefully before signing.

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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, 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 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 SECTION (Mandatory)		
NAME (Please Print)		
ADDRESS		
CITY/STATE/ZIP		
USEF#	AMHA#	USDF#
PHONE #		
E-MAIL		
SIGNATURE (Must be 18 or over)		

By signing, I have read and I agree to the USEF Entry Agreement and Release as printed above.

TRAINER SECTION (Mandatory)	
NAME (Please Print)	
ADDRESS	
CITY/STATE/ZIP	
USEF#	AMHA#
CELL # / EMERGENCY #	
E-MAIL	
SIGNATURE (Must be 18 or over)	

By signing, I have read and I agree to the USEF Entry Agreement and Release as printed above.

Hotel while in OKC	
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COACH (If Applicable)	
NAME (Please Print)	USEF#
SIGNATURE	

By signing, I have read and I agree to the USEF Entry Agreement and Release as printed to the left.

RIDER, DRIVER, OR HANDLER SECTION (If Applicable)		
NAME (Please Print)		
ADDRESS		
CITY/STATE/ZIP		
USEF#	AMATEUR? Y <input type="checkbox"/> N <input type="checkbox"/>	AMHA#
JR EX DOB	USDF#	UPHA#
SIGNATURE (PARENT/GUARDIAN IF UNDER 18)		

By signing, I have read and I agree to the USEF Entry Agreement and Release as printed to the left.

RIDER, DRIVER, OR HANDLER SECTION (If Applicable)		
NAME (Please Print)		
ADDRESS		
CITY/STATE/ZIP		
USEF#	AMATEUR? Y <input type="checkbox"/> N <input type="checkbox"/>	AMHA#
JR EX DOB	USDF#	UPHA#
SIGNATURE (PARENT/GUARDIAN IF UNDER 18)		

By signing, I have read and I agree to the USEF Entry Agreement and Release as printed to the left.

RIDER, DRIVER, OR HANDLER SECTION (Mandatory)		
NAME (Please Print)		
ADDRESS		
CITY/STATE/ZIP		
USEF#	AMATEUR? Y <input type="checkbox"/> N <input type="checkbox"/>	AMHA#
JR EX DOB	USDF#	UPHA#
SIGNATURE (PARENT/GUARDIAN IF UNDER 18)		

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TOTAL ENTRY FEES	\$ _____
Horse Stalls @ \$150	\$ _____
Tack Stalls @ \$190	\$ _____
EARLY ARRIVAL—Indicate WHICH day you will arrive. You must pay for horse AND tack stalls.	
Sunday @ \$75 per stall	\$ _____
OR	
Monday @ \$50 per stall	\$ _____
OR	
Tuesday @ \$25 per stall	\$ _____
Stall Panel Removal @ \$450	\$ _____
USEF Drug Fee @ \$23 per horse	\$ _____
(MANDATORY D & M \$8, USEF Fee \$15)	
Judges' Education Fee @ \$2 per horse	\$ _____
(MANDATORY)	
USEF Show Pass Fee @ \$45	\$ _____
Fee paid for: <input type="checkbox"/> Owner <input type="checkbox"/> Trainer <input type="checkbox"/> Rider/Driver/Handler	
AMHA Non-Member Fee @ \$45	\$ _____
Fee paid for: <input type="checkbox"/> Owner <input type="checkbox"/> Trainer <input type="checkbox"/> Rider/Driver/Handler	
Post Entry Fee @ \$50 per horse	\$ _____
SEE PRIZE LIST FOR CLASS POST ENTRY FEES	
Large Tack Room Schedule @ \$10	\$ _____
1 Office Fee @ \$50 per account	\$ 50.00
TOTAL AMOUNT DUE	\$ _____
MAKE CHECKS PAYABLE TO GNWCMHS	

METHOD OF PAYMENT	<input type="checkbox"/> CHECK
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
Exp. Date _____	Security Code _____
Name on card _____	Zip _____
Signature as it appears on your credit card:	
FOR OFFICE USE:	
Payment _____ # _____	
Name _____	