



Empire State Arabian Spring Show

May 5-7, 2017, Syracuse, NY

Entries Close - APRIL 17, 2017

PLEASE TYPE OR PRINT ONLY ONE HORSE PER ENTRY FORM.



Horse's Name		Reg. No.		DOB MM/DD/YY	Sex	Color	Sweepstakes Yes No
Sire		Dam		Horse USEF ID#		Horse USDF ID#	
Rider 1	Classes /						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY	Amateur Certificate Yes No		Junior/Amateur Relationship to horse owner		
AHA#	USEF/EC#	USDF#		US Citizen: Yes No			
Address		City	State	Zip			
Rider 2	Classes						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY	Amateur Certificate Yes No		Junior/Amateur Relationship to horse owner		
AHA#	USEF/EC#	USDF#		US Citizen: Yes No			
Address		City	State	Zip			
Rider 3	Classes						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY	Amateur Certificate Yes No		Junior/Amateur Relationship to horse owner		
AHA#	USEF/EC#	USDF#		US Citizen: Yes No			
Address		City	State	Zip			

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers ALL OWNERS, TRAINERS, RIDERS, DRIVERS & HANDLERS MUST SIGN ON THE BACK. Minor entrants must also have parent/guardian signature(s) on the back., releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES

Photo copies of AHA, USEF/EC, Membership cards for each Rider/Driver/Handler/ Trainer/Owner, Horses Registration papers & Purchase contract if applicable and Stall Reservation Forms

OWNER INFORMATION

Owner name as it appears on registration papers/purchase contract

Name _____

AHA# _____ USEF/EC# _____ USDF# _____

Farm/Ranch _____ USEF Farm# _____

Current Address _____ Phone _____

City _____ ST _____ Zip _____

Email _____

TRAINER INFORMATION

(must be filled out, if there is no trainer, owner may write same in trainer information)

Name _____

AHA# _____ USEF/EC# _____ USDF# _____

Address _____ Phone _____

City _____ ST _____ Zip _____

Email _____

ADDITIONAL INFORMATION

Camper Plate # _____ Camper make _____

Send Acknowledgement to Owner _____ Trainer _____

Email Acknowledgement to (Print) _____

Stable with _____

Total Entry Fees ----- \$ _____

Office Fee (per horse) @ ----- \$ 25.00

USEF Fee @ ----- \$ 16.00

8 Drug 8 Admin

AHA Resolution 9-90 @ ----- \$ 4.00

Box Stalls \$-95 ----- \$ _____

Standing Stalls \$35 ----- \$ _____

Tack Stall \$- 95 ----- \$ _____

Show Pass/Single Event Fees:

AHA Single Event Fee @35.00 ----- \$ _____

USEF Show Pass Fee @ 30.00 ----- \$ _____

Other Fees

AHA Recording Fee ----- \$ 4.00

Camper (7am Th-Sun) @ \$125 ----- \$ _____

Camper 24 hrs or less @ \$40 ----- \$ _____

Sponsor/Patron ----- \$ _____

Box Seats @ \$40 ----- \$ _____

Late Fee @ 25.00 ----- \$ _____

Incomplete fee @ \$15 ----- \$ _____

Charged if entries are sent without membership cards or registration papers

TOTAL FEES DUE ----- \$ _____

ENTRIES CLOSE
4/17/2017

Make Checks payable to ESAHA

Mail to:
 ESAHA c/o Lindsey Hager
 13669 Jennings Road, Collins, NY 14034
 (716) 481-4907 empirearabianshow@yahoo.com

ALL ENTRY FORMS MUST BE PROPERLY SIGNED ON BACK

OFFICE USE ONLY

Office Use Total \$	
Paid \$	
Check Number	
Date Rcvd	

AHA ENTRY AGREEMENT

I have read the rules concerning competitions as printed in the Arabian Horse Association (AHA) Handbook / Directory and Competition Prize List and agree to be bound by and subject to those Rules.

AHA ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION This document waives very important legal rights. Read it carefully before signing.

In consideration for AHA permitting me to participate in this Competition, and by signing the entry blank, I agree as follows:
I AGREE that I choose to participate voluntarily in this Competition, as a rider, driver, handler, lessee, owner, agent, coach, trainer, junior exhibitor, or as a parent or guardian of a junior exhibitor. **I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN, AND SUFFERING, AND PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY.**
I AGREE for myself, my heirs, executors, administrators, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and all claims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition INCLUDING, BUT NOT LIMITED TO, DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLIGENCE OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises.
I AGREE to indemnify and hold harmless (that is pay all losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorneys fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control.
I AGREE and represent that I am qualified and eligible to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered.
I AGREE to accept AS FINAL any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, CEF or USA Equestrian permit a protest or hearing of such decisions. Should a hearing be requested, I agree to accept AS FINAL the decision of the particular hearing body. I agree to release, hold harmless and not to sue AHA, the Competition Sponsor, their officers, directors, employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s)' qualifications to enter the Competition or any results of the Competition.
I AGREE that AHA has the sole right to control, sell, supervise or give away (or assign to others the right to do so) the exclusive rights to broadcast, televise, reproduce, transmit and disseminate all or part of this event, and I agree that AHA may use or assign, in any way AHA sees fit, photographs, films, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the Competition for the promotion, coverage or benefit of the Competition or AHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way which implies endorsement of any company, product, product category or service. 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.
 By signing below as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child.
 This AHA Assumption of Risk, Release and Indemnification is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AHA, its officers, directors, employees, volunteers or agents shall be in the local district courts or the federal court of the State of Colorado. If any part of this agreement is determined to be unenforceable, all other parts shall remain effect.

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 this 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.

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, 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. BOD 1/23/11 Effective 12/1/11

Owner ** Mandatory	Print Name	Signature
Trainer or Custodian of horse @ show ** Mandatory	Print Name	Signature
Rider 1 ** Mandatory	Print Name	Signature
Rider 2 ** Mandatory if there is a 2 nd rider	Print Name	Signature
Rider 3 ** Mandatory if there is a 3 rd rider	Print Name	Signature
Coach - (if applicable) USEF #	Print Name	Signature
Print Minor Name Here	Print Parent/Guardian Name Here	Signature
Print Minor Name Here	Print Parent/Guardian Name Here	Signature
***** EMERGENCY PHONE NUMBER FOR EXHIBITOR		

MUST BE SIGNED IN AT LEAST 3 PLACES BY ADULTS ONLY
AHA or USEF/EC Membership is not required for Parents/Guardians signing for minors.

Empire State Arabian Spring Horse Show

Credit Card Authorization Form

May 5, 6, 7, 2017



Card Type: Visa _____ Mastercard _____ AMEX _____ Discover _____

Credit Card # _____ Exp Date ____ / ____

Sec Code _____ Amount to be Charged \$ _____

Billing Address _____

City _____ State _____ Zip Code _____

Name on Card _____ Ph. _____

Email Address for Receipt _____

Authorized Signature _____

For Office Use Only

EB# _____ Amt \$ _____ Date _____

Auth Code _____

EB# _____ Amt \$ _____ Date _____

Auth Code _____

EB# _____ Amt \$ _____ Date _____

Auth Code _____