

Please make check payable to: **CJL INC.**

**SHOW DATE:**

Back #	Name of Horse	USEF #	Color	Sex	Ht.	Age	Green Year	Horse/Pony	Entry Fees:	
							1st 2nd	Sm Md Lg	<b>Classes:</b> \$	
<b>Name of Rider #1</b>		<b>Age</b>	<b>USEF #</b>	<b>Classes:</b>						<b>Schooling Fee:</b> \$ 15.00 <small>\$15 each</small>
<b>Name of Rider #2</b>		<b>Age</b>	<b>USEF #</b>	<b>Classes</b>						<b>USEF Fee:</b> \$ 23.00 <small>(\$8)USEF / (\$15)Drug Fee</small>
<b>Owner or Authorized Agent</b>				<b>Rider # 1</b>			<b>Trainer</b>			<b>USEF - \$45 each</b> <small>Show Pass Fee</small>
<b>Owner's Name:</b>				<b>Rider Name:</b>			<b>Trainer Name:</b>			<b>USHJA - \$30 each</b> <small>Show Pass Fee</small>
Address:				Address:			Address:			<b>USHJA</b> <small>Zone Support Fee</small>
<b>Phone #:</b>				<b>Phone #:</b>			<b>Phone #:</b>			<b>Office Fee:</b> \$ 35.00
<b>Owner USEF #:</b>				<b>Rider USEF #:</b>			<b>Trainer USEF #:</b>			<b>Grounds</b> \$ 25.00
<b>Recipient of Prize Money Awards</b> <input checked="" type="checkbox"/>				<b>Name of Individual/Corporation:</b>						<b>CREDIT CARD FEE</b> \$ 5.00
<b>SSN or Tax ID:</b>				<b>Address:</b>						\$
										\$
										<b>TOTAL FEES:</b> \$



**Email Address:** \_\_\_\_\_

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 any CJL Inc. managed 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.

**Credit Card Payments:**

Mastercard     Discover  
 VISA             AMEX

Card Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Credit Card CVV# \_\_\_\_\_

Name on Card \_\_\_\_\_

BY SIGNING BELOW, I AGREE that I have read, understand, and agree to be bound by all applicable Federation Bylaws, rules, and policies including the USEF Safe Sport Policy and Minor Athlete Abuse Prevention Policies (MAAPP) as published at www.usef.org, as amended from time to time, as well as 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.

Rider (Mandatory)	Owner/Agent (Mandatory)	Trainer (Mandatory)	Coach (If applicable)
Signature: _____	Signature: _____	Signature: _____	Signature: _____
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Is Rider a U.S. Citizen?    YES    NO			

**Parent / Guardian Signature: (required if Rider is a minor):** \_\_\_\_\_

**Parent / guardian Print Name:** \_\_\_\_\_

**Emergency Contact Phone No:** \_\_\_\_\_