

OUTREACH ENTRY FORM

EMAIL: CJLINC2003@YAHOO.COM

Please make check payable to: NJHSA

SHOW DATE:

Back #	Name of Horse	USEF #	USHJA #	Sex	Ht.	Age	Color	Horse/Pony
								Sm Md Lg
Name of Rider #1		Age	USEF #	USHJA #	Classes			
Name of Rider #2		Age	USEF #	USHJA #	Classes			
Owner or Authorized Agent				Rider # 1		Trainer		
Owner's Name:				Rider Name:		Trainer Name:		
Address:				Address:		Address:		
Phone #:				Phone #:		Phone #:		
Owner USEF #:				Rider USEF #:		Trainer USEF #:		
Recipient of Prize Money Awards <input checked="" type="checkbox"/>				Name of Individual/Corporation:				
SSN or Tax ID:		Address:						

Entry Fees:	
Classes:	\$
Schooling Fee: \$15 each	\$ 15.00
Office Fee:	\$ 35.00
Grounds/EMT	\$ 25.00
USHJA Outreach Fee	\$ 2.00
TOTAL FEES:	\$

Credit Card Payments:

Mastercard Discover
 VISA AMEX

Card Account Number _____

Expiration Date _____ Credit Card CVV# _____

Name on Card _____

CREDIT CARD FEE 5%

IF YOU HAVE A USHJA AND USEF NUMBER - EVEN IF NOT ACTIVE - PLEASE FILL IN.

VENMO: @CLAUDINE-LIBERATORE

USHJA OUTREACH ENTRY AGREEMENT

By entering this OUTREACH 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, em-ployees and agents, I agree that I am subject to the Rules of The NJHSA. rules and regulations and the local rules of the competition. I will accept as final the decision of the management on any question arising under the Rules, and agree to release and hold harmless the competition, CJL INC. of acceptance of entry, The NJHSA, 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. 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. 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 NJHSA" 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 NJHSA, 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 NJHSA. 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 NJHSA. 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 Rules AND REGULATIONS about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that The NJHSA 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 NJHSA office staff. BY SIGNING BELOW, I AGREE to be bound by all applicable competition 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: _____ RIDER: _____ TRAINER: _____

SIGNATURE: _____ SIGNATURE: _____ SIGNATURE: _____

PRINT NAME: _____ PRINT NAME: _____ PRINT NAME: _____

PARENT/GUARDIAN _____ PARENT/GUARDIAN: _____
SIGNATURE (required if rider is a minor) PRINT NAME