

ONE OWNER PER FORM USEF # _____ AMHA # _____
 UPHA # _____ USDF # _____
 OWNER _____
 ADDRESS _____
 PHONE _____
 EMAIL _____
 PLEASE STABLE WITH _____

**GRANITE STATE
 MORGAN HORSE SHOW**

JUNE 18-20, 2010

ENTRIES CLOSE MAY 12, 2010
 REFER TO PRIZE LIST
 REGARDING POST ENTRIES

Please make checks payable to
 Granite State Morgan Horse Show
 and return with this form to:

Mary J. Wahl
 110 Nimble Hill Road
 Newington, NH 03801
 603-436-7638
 Email : wahl2wahl@earthlink.net

EB#

Entry #	Horse Name #1	USDF Reg. #	Sex	DOB	Sire	Dam
	Classes				Shown By	
	Classes				Shown By	
Entry #	Horse Name #2	USDF Reg. #	Sex	DOB	Sire	Dam
	Classes				Shown By	
	Classes				Shown By	
Entry #	Horse Name #3	USDF Reg. #	Sex	DOB	Sire	Dam
	Classes				Shown By	
	Classes				Shown By	

TOTALS

HORSE #1 _____
 HORSE #2 _____
 HORSE #3 _____
 USEF DRUG FEE _____
 \$15 PER HORSE _____
 (INCLUDES \$7 D&M) _____
 USEF _____
 NON-MEMBER _____
 FEE @ \$30 _____
 HORSE STALLS _____
 @ \$100 _____
 TACK STALLS _____
 @ \$125 _____
 HORSE STALLS _____
 EARLY ARRIVAL _____
 @ \$20/DAY _____
 SHOWING OUT OF _____
 TRAILER @ \$30 _____
 CAMPER SPACE _____
 @ \$85 _____
 CAMPER _____
 EARLY ARRIVAL _____
 @ \$15/DAY _____
 NH&T FEE _____
 @ \$3.00/HORSE _____
 OFFICE FEE _____
 PER OWNER _____
 @ \$20 _____
 FAILURE TO CHECK OUT _____
 AT SHOW OFFICE (at end of _____
 show) @\$25 _____

TOTAL

OFFICE USE ONLY

USEF# _____ AMHA# _____
 REG _____ COG _____
 RABIES _____ UPHA# _____
 SIG _____ PD _____
 CK# _____ CC _____
 USDF# _____

Make checks payable to Granite State Morgan Horse Show

Non-US checks must be marked "Payable in US Funds"

**STALLS ARE LIMITED —
 GET YOUR ENTRIES IN EARLY**

*Are copies of Coggins Test and
 Registration Papers enclosed?*

Rider #1 _____
 Address _____
 City, State, ZIP _____
 USEF# _____ AMHA# _____ UPHA# _____ USDF# _____
 Rider #2 _____
 Address _____
 City, State, ZIP _____
 USEF# _____ AMHA# _____ UPHA# _____ USDF# _____

Please use this form to list all your customers who are to be stabled with you, including those sent in separately. Requests from entries to be stables with you will not be considered unless their name appears on the list below.

Owners Name	# Stalls
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List UPHA Chapter 14 and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, Prize List, and local rules of the competition. I agree to waive the right to the use of my photos from the Competition, and agree that any actions against the Federation must be brought in New York State.

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 UPHA Chapter 14 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 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 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 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 that I 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 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.

X _____ X _____
 (Owner/Agent) Mandatory—See front for complete address/USEF Number info USEF # Trainer (Mandatory) (Rider/Driver/Handler #1 (Mandatory))

Print Name _____ Print Name _____

Coach Signature _____ Address _____ X _____ (Rider/Driver/Handler #2 (Mandatory))

Print Coach Name _____

Coach USEF# _____ City, State, Zip _____ Print Name _____

Coach Address _____ Phone _____ X _____ (Rider/Driver/Handler #3 (Mandatory))

E-Mail: _____ Print Name _____

Parent/Guardian Signature: (If Rider/Driver/Handler is a minor) _____ Emergency Number _____

Print Parent/Guardian Name: _____ Is Rider/Driver a US Citizen: Yes No