



Young Event Horse (YEH)/Future Event Horse (FEH)/ New Event Horse (NEH) Entry Form

All information is required – fill in all blanks – use N/A if necessary. Both sides of this form must be completed. All Horses **MUST** be registered with the USEA. Please complete the **USEA Horse Life Registration** form and fax or mail to the USEA (703) 779-0550. Forms are available online at www.useventing.com under Competitions. For USEA YEH, FEH and NEH Test specifications, please click on the Young Horse section of the website.

NOTE: Please fax your horse's pedigree information to the USEA, or mail to USEA, 525 Old Waterford Rd. NW, Leesburg, VA 20176.

Only ONE horse per form – please PRINT clearly. Mail Entry Form to Event Secretary.

EVENT: _____ **EVENT DATE:** _____ **USEA AREA:** _____

CLASS TYPE (check one): ☐ FEH ☐ YEH ☐ NEH

AGE SECTION (check one): ☐ Yearling ☐ Two-Year-Old ☐ Three-Year-Old ☐ Four-Year-Old ☐ Five-Year-Old ☐ NEH

HORSE NAME: _____ **Name on Coggins*:** _____

Color: _____ **Height:** _____ **DOB:** _____ ☐ Gelding ☐ Stallion ☐ Mare

Breed: _____ **Is this horse for sale?** ☐ Yes ☐ No **USEA Horse Registration Number:** _____

Name of Breed Association horse is registered with (if applicable): _____

Horse's Breed Assoc. Reg. Name: _____ **Horse's Breed Assoc. Reg. Number:** _____

Sire: _____ **Dam:** _____

Sire's Sire: _____ **Dam's Sire:** _____

Breeder's Name/City/State/Zip: _____

Horse's previous experience (i.e. racing, etc.): _____ **TIP Number (If Applicable)** _____

NOTE: Please be sure horse's breed papers are on file with the USEA.

OWNER INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell/Fax: _____

Email: _____

USEA Number:** _____

Trainer's Name: _____

Contact Information during Event, if different from above (temp. address/cell phone/etc): _____

RIDER/HANDLER INFORMATION:

EMERGENCY INFORMATION:

Contact: _____

Relationship: _____

Phone: _____

FEES ENCLOSED:

Entry Fee: \$ _____

USEA Starter Fee: \$ 10.00

Stabling: \$ _____

Extra tack stall(s) QTY: \$ _____

Grounds Fee: \$ _____

Camping/Hook-up Fee: \$ _____

Other: (specify) _____ \$ _____

FEES TOTAL: \$ _____

DEPOSITS: Please use separate check(s)

Stall Clean/Damage: \$ _____

Number/Bib: \$ _____

Other (specify): _____ \$ _____

DEPOSITS TOTAL: \$ _____

* Please provide copy of coggins with entry.

** USEA Membership required for YEH/NEH riders and FEH 4-year-old riders, but not for FEH yearling, 2-year-old and 3-year-old divisions at this time.

RELEASE: I understand that this is a high-risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the organizer, organizing committee, judges and officials, the USEA, their officers, agents, employees and volunteers, the host of this event or horse trial and the owners of any property on which the event or trial is being held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse or horses which I will handle and/or compete at this event or trial.

USEA RECOGNIZED DIVISIONS: By entering a USEA Recognized Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Rider, Handler, or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Policies and Guidelines of the United States Eventing Association (USEA) applicable to USEA competitions and the local rules of the competition. I agree to be bound by the policies and guidelines set out for USEA competitions and of the competition. I will accept as final the decision of the Judge on any question arising under these policies and guidelines, and agree to release and hold harmless the competition, the USEA, their officials, directors and employees for any action taken under these Policies and Guidelines. I represent that I am eligible to enter and/or participate under the Policies and Guidelines, 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 USEA and/or of the competition may use or assign photographs, 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, sport, and/or the USEA. 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.

USEA ENTRY AGREEMENT: By entering a USEA Recognized Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Rider, Handler, or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Policies and Guidelines of the United States Eventing Association (USEA) and the local rules of the competition. I agree to be bound by the Policies and Guidelines of the USEA and of the competition. I will accept as final the decision of the Judges on any question arising under the Policies and Guidelines and agree to release and hold harmless the competition, the USEA, 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 Policies and Guidelines, 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 USEA and/or of the competition may use or assign photographs, 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, sport, and/or the USEA. 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.

U.S. Eventing Association 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 I choose to participate voluntarily in the Competition with my horse, as a rider, handler, 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 release the USEA and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the USEA 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 USEA or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the USEA 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 at the Competition.

I have read the USEA Policies and Guidelines about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the USEA 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 AGREE that "the USEA" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

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 USEA on the official USEA Accident/Injury Report form.

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 USEA Policies and Guidelines and all terms and provisions of this entry blank.

Rider/Handler (mandatory) Signature: _____

Print Name: _____

Owner/Agent (mandatory) Signature: _____

Print Name: _____

Parent/Guardian Signature: (Required if rider, driver, handler is a minor) _____

Print Parent/Guardian Name: _____

Emergency Contact Phone #: _____

RELEASE AND INDEMNITY

STABLE VIEW, LLC

WEREAS, IN CONSIDERATION FOR AND AS AN INDUCEMENT FOR CYNTHIA A. OLLIFF, BARRY M. OLLIFF AND STABLE VIEW, LLC AGREEING TO ALLOW THE UNDERSIGNED TO ENGAGE IN EQUINE ACTIVITIES (INCLUDING BUT NOT LIMITED TO RIDING, TRAINING, BOARDING AND/OR CARING FOR HORSES OWNED, LEASED OR UNDER THE CONTROL OF THE UNDERSIGNED (THE "HORSES") AT THE FACILITY OF THE AFORESAID LOCATED ON SPRINGFIELD CHURCH ROAD (THE "EQUESTRIAN CENTER"), ALL IN AIKEN COUNTY, SOUTH CAROLINA, THE UNDERSIGNED HEREBY AGREES AS FOLLOWS:

____ 1. I (WE) AGREE TO HOLD CYNTHIA A. OLLIFF AND BARRY M. OLLIFF (COLLECTIVELY, THE "OLLIFFS"), AND STABLE VIEW, LLC ("SV"), THEIR MEMBERS, DIRECTORS, OFFICERS, AGENTS, VOLUNTEERS AND EMPLOYEES HARMLESS FROM ANY CLAIM FOR LOSS OR INJURY THAT MAY BE ALLEGED TO HAVE BEEN CAUSED DIRECTLY OR INDIRECTLY TO ANY PERSON OR THING (INCLUDING THE HORSES) BY THE ACT OF OTHER PERSONS, OWNERS, GUARDIANS AND/OR THEIR ANIMALS WHILE AT THE FARM.

____ 2. I (WE) ACKNOWLEDGE AND AGREE THAT THE COMPANY, SV AND THE OLLIFFS SHALL NOT BE LIABLE FOR ANY SICKNESS, DISEASE, THEFT, DEATH OR INJURY WHICH MAY BE SUFFERED BY THE HORSE(S) WHILE AT THE FARM. I (WE) UNDERSTAND AND ACKNOWLEDGE THAT ALL RISKS RELATED TO BOARDING, TRAINING, RIDING AND SHIPPING OF HORSE(S), OR FOR ANY OTHER REASON, ARE TO BE BORNE BY US. I (WE) FURTHER AGREE TO HOLD COMPANY, SV AND THE OLLIFFS HARMLESS FROM ANY CLAIM FOR LOSS TO OUR HORSE(S) BY DISAPPEARANCE, THEFT, DEATH OR OTHERWISE, AND FROM ANY CLAIM FOR DAMAGE OR INJURY TO OUR HORSE(S), WHETHER SUCH LOSS, DISAPPEARANCE, THEFT, DAMAGE OR INJURY, BE CAUSED OR ALLEGED TO BE CAUSED BY THE NEGLIGENCE OF COMPANY, SC OR THE OLLIFFS, OR BY THE NEGLIGENCE OF ANY OTHER PERSON, OR ANY OTHER CAUSE OR CAUSES. THIS WAIVER RELATES SPECIFICALLY TO STABLE VIEW LLC. RIDING ON ADJACENT PROPERTY INVOLVES RISKS FOR WHICH STABLE VIEW LLC CANNOT BE HELD RESPONSIBLE.

____ 3. I (WE) HEREBY ACKNOWLEDGE THE RISKS RELATED TO COVID-19 A/K/A THE CORONAVIRUS. I AGREE TO HOLD SV HARMLESS FROM ANY CLAIM FOR ILLNESS OR DEATH ARISING FROM THE VIRUS THAT MAY BE ALLEGED TO HAVE BEEN CAUSED DIRECTLY OR INDIRECTLY FROM EXPOSURE TO THE VIRUS AT ANY SV FUNCTION OR FACILITY. I AGREE THAT SV SHALL NOT BE LIABLE FOR ANY SICKNESS, DISEASE, OR DEATH WHICH MAY BE SUFFERED BY MYSELF OR ANY GUEST OR INVITEE OF MINE ARISING FROM OR RELATED TO THE VIRUS. I AGREE THAT ALL RISKS RELATING TO THE VIRUS ARE TO BE BORNE BY ME. I HEREBY ASSUME THE SOLE RESPONSIBILITY FOR AND AGREE TO INDEMNIFY, DEFEND AND SAVE SV HARMLESS FROM ANY AND ALL LOSS AND EXPENSES (INCLUDING LEGAL AND EXPERT WITNESS FEES ACTUALLY INCURRED) BY REASON OF THE LIABILITY IMPOSED UPON SV DUE TO ILLNESS, INCLUDING

DEATH AT ANY TIME RESULTING THEREFROM, SUSTAINED TO MYSELF, MY GUESTS AND INVITEES, ON ACCOUNT OF THE VIRUS. I EXPRESSLY WARRANT AND REPRESENT TO SV THAT NEITHER I NOR ANY OF MY GUESTS OR INVITEES HAVE KNOWINGLY CONTRACTED NOR BEEN EXPOSED TO THE VIRUS NOR ARE ANY OF THE AFORESAID EXHIBITING ANY SYMPTOMS OF THE VIRUS. IN THE EVENT THAT I LATER DISCOVER THAT THE AFORESAID REPRESENTATION AND WARRANTY IS FALSE IN ANY MANNER, I AGREE TO IMMEDIATELY NOTIFY SV AND PROVIDE AS MUCH DETAILED INFORMATION AS IS AVAILABLE.

____ 4. I (WE) HEREBY ASSUME THE SOLE RESPONSIBILITY FOR AND AGREE TO INDEMNIFY, DEFEND AND SAVE COMPANY, SV AND THE OLLIFFS HARMLESS FROM ANY AND ALL LOSS AND EXPENSES (INCLUDING LEGAL AND EXPERT WITNESS FEES ACTUALLY INCURRED) BY REASON OF THE LIABILITY IMPOSED UPON ANY OF THE AFOREMENTIONED PARTIES DUE TO BODILY INJURIES, INCLUDING DEATH AT ANY TIME RESULTING THEREFROM, SUSTAINED TO ANY PERSON OR PERSONS, INCLUDING MYSELF (OURSELVES) OR ON ACCOUNT OF DAMAGE TO PROPERTY, ARISING FROM OUR HORSE(S), HOWSOEVER SUCH INJURIES, DEATH OR DAMAGE TO PROPERTY OR PERSON MAY BE CAUSED, AND WHETHER OR NOT THE SAME MAY HAVE BEEN CAUSED BY OR ALLEGED TO HAVE BEEN CAUSED BY THE NEGLIGENCE OF COMPANY, SV OR THE OLLIFFS, OR THEIR AGENTS OR ANY OTHER PERSONS.

____ 5. I (WE) EXPRESSLY ASSUME ALL RISKS FOR MYSELF, GUARDIANS, MY CHILDREN, MY PETS AND MY ANIMALS HEREUNDER.

____ 6. (WE) ACKNOWLEDGE AND AGREE, BY SIGNING THIS RELEASE AND INDEMNITY, THAT PURSUANT TO S.C. CODE ANNOTATED SECTION 47-9-720, AN EQUINE ACTIVITY SPONSOR OR AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITY, AND NO PARTICIPANT OR PARTICIPANT'S REPRESENTATIVE MAY MAKE A CLAIM AGAINST, MAINTAIN AN ACTION AGAINST, OR RECOVER FROM AN EQUINE ACTIVITY SPONSOR, OR AN EQUINE PROFESSIONAL FOR INJURY, LOSS, DAMAGE, OR DEATH OF THE PARTICIPANT RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY.

____ 7. I (WE) UNDERSTAND THAT WE ARE WAIVING THE RIGHT TO BRING A LAWSUIT OR MAKE ANY OTHER CLAIM AGAINST COMPANY, SV OR THE OLLIFFS, THEIR MEMBERS, DIRECTORS, OFFICERS, AGENTS, VOLUNTEERS AND EMPLOYEES, AND I FURTHER UNDERSTAND THAT THIS RELEASE AND INDEMNITY WILL BE PRESENTED AS A COMPLETE DEFENSE AGAINST ME IF I (WE) DO BRING ANY LAWSUIT OR CLAIM AGAINST COMPANY, SV OR THE OLLIFFS, THEIR MEMBERS, DIRECTORS, OFFICERS, AGENTS, VOLUNTEERS AND/OR EMPLOYEES. THIS RELEASE AND INDEMNITY SHALL BE BINDING UPON MY (OUR) HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGN.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ THIS ENTIRE DOCUMENT AND UNDERSTAND IT.
I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.



EMAIL ADDRESS

PHONE#

DATE

SIGNATURE (MUST BE 18 YEARS OR OLDER)

WITNESS

PRINT NAME

SIGNATURE OF PARENT OR LEGAL GUARDIAN IF UNDER 18

PRINT NAME