

**AUTUMN CLASSIC - November 7 - 10, 2019 To be held at the Los Angeles Equestrian Center**

Mail to: Denise Wiemers, P.O. Box 4036, Sunland, CA 91041

or Fax to: 818/360-2332

HORSE			OWNER			TRAINER		
NAME			NAME			NAME		
STABLE WITH			ADDRESS			ADDRESS		
USHJA #	TIP #		CITY, STATE, ZIP			CITY, STATE, ZIP		
Color	Height		EMAIL	PHONE		EMAIL	PHONE	
Sex	Birthdate		B'DAY	USEF #	USHJA #	B'DAY	USEF #	USHJA #
Chip			PCHA #	SFHJA #	LAHJA#	PCHA #	SFHJA #	LAHJA#

RIDER ONE			RIDER TWO			PRIZE MONEY PAYEE		
NAME			NAME			NAME		
ADDRESS			ADDRESS			ADDRESS		
CITY, STATE, ZIP			CITY, STATE, ZIP			CITY, STATE, ZIP		
EMAIL	PHONE		EMAIL	PHONE		EMAIL	TAX ID	
B'DAY	USEF #	USHJA	B'DAY	USEF #	USHJA			
PCHA #	SFHJA #	LAHJA#	PCHA #	SFHJA #	LAHJA#			

RIDER ONE CLASSES					RIDER TWO CLASSES				

MANDATORY FEES	
CA Drug Fee	\$5
USEF (\$15 Drug & \$8 USEF)	\$23
PCHA Fee	\$3
SFHJA Fee	\$3
LAHJA	\$3
Medic Fee	\$10
USHJA Zone Fee	\$2
USEF Show Pass Fee (Non Member)	\$45
USHJA Show Pass Fee (Non Member)	\$30

**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, 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, 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.**

<b>RIDER ONE/HANDLER</b> Signature _____ Print Name _____	<b>OWNER/AGENT</b> Signature _____ Print Name _____	<b>TRAINER</b> Signature _____ Print Name _____
<b>RIDER TWO/HANDLER</b> Signature _____ Print Name _____	<b>PARENT/GUARDIAN</b> Signature _____ Print Name _____	<b>EMERGENCY CONTACT</b> Phone _____ Print Name _____

HORSE SHOW FEES	
Weekend Stall	\$250
Weekend Stall after closing date	\$300
Day Stall (Valid 1 Day Only)	\$75
Grounds Fee (Horses Not Requiring a stall)	\$50
Non-Showing Horse	\$50
Registration Fee ( \$50 applied to entries if received by closing date)	\$100
Ticketed Warm-Up Tickets @ \$10 each	\$_____
RV per Night incl. electric & water	\$50
TOTAL	_____

CREDIT CARD INFO	
NAME	EXPIRES
NUMBER	CVC#
SIGNATURE	ZIP

**For each horse entered send only \$100 deposit and the fee for each stall ordered, along with your completed entry blank. Completed entries received by Oct. 20 will have \$50 credited toward their entries.**