

**ONLY ONE HORSE PER FORM
ENTRIES CLOSE JULY 11, 2007**

Menlo Charity Horse Show

Stable with: _____

August 7-12, 2007

For more information: Debbie Haub - Secretary

Telephone (415) 584-7690 (Phone before 7:00 a.m. or after 8:00 p.m.)

Fax (415) 584-8039 **EMAILED ENTRIES WILL NOT BE ACCEPTED**

* Send Copies of Membership Cards/Measurement Cards with Entries*

OWNER OR AUTHORIZED AGENT				RIDER ONE				TRAINER			
OWNER NAME				RIDER NAME				TRAINER NAME			
ADDRESS				ADDRESS				ADDRESS			
CITY	STATE	ZIP		CITY	STATE	ZIP		CITY	STATE	ZIP	
PHONE	EMAIL			PHONE	EMAIL			PHONE	EMAIL		
SOCIAL SECURITY# OR TIN#				USEF/USHJA# <input type="checkbox"/> PCHA# <input type="checkbox"/> DATE OF BIRTH				BARN PHONE CELL PHONE			
USEF/USHJA# <input type="checkbox"/>	PCHA# <input type="checkbox"/>	NCHJA# <input type="checkbox"/>		NCHJA# <input type="checkbox"/>	CPHA# <input type="checkbox"/>	ASPCA# <input type="checkbox"/>		USEF/USHJA# <input type="checkbox"/>	PCHA# <input type="checkbox"/>	NCHJA# <input type="checkbox"/>	

PRIZE MONEY PAID TO IF OTHER THAN OWNER				RIDER TWO				CREDIT CARD PAYMENT			
NAME OR CORPORATION				RIDER NAME				VISA/MC#			
ADDRESS				ADDRESS				EXP. DATE			
CITY	STATE	ZIP		CITY	STATE	ZIP		BACK OF CARD V-CODE			
SOCIAL SECURITY#				PHONE EMAIL				CARD HOLDER NAME			
TIN#				USEF/USHJA# <input type="checkbox"/> PCHA# <input type="checkbox"/> DATE OF BIRTH				AUTHORIZED SIGNATURE			
				NCHJA# <input type="checkbox"/> CPHA# <input type="checkbox"/> ASPCA# <input type="checkbox"/>							

NAME OF HORSE		RIDER ONE						CLASSES									
		COLOR	SEX	HEIGHT	AGE		AGE										
USEF/ID#	MEASUREMENT #	PLEASE CIRCLE BELOW IF APPLICABLE						RIDER TWO									
		1ST YR	2ND YR	SM	MED	LG	AGE										

I hereby certify horse and rider are eligible as entered. The undersigned (herein described as Entrant) understands and acknowledges that horse sports and the competition involve inherent dangers that include, but are not limited to, hazards of personal injury, property damage or wrongful death. ENTRANT HEREBY EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF INJURY OR LOSS as a result of participation in the Horse Show. In consideration of the admission and entry of Entrant, and any other participants in said Show, ENTRANT HEREBY WAIVES, RELEASES, INDEMNIFIES, AND HOLDS HARMLESS the following from and against any and all claims, demands, expenses, losses and/or causes of action which Entrant, rider, or any other participant to said Horse Show might otherwise now or hereafter have against the Menlo Circus Club, the Vista Center for the Blind and Visually Impaired, The United States Equestrian Federation, Inc. and the Pacific Coast Horse Shows Association (PCHA), its officers, members, agents, employees, licensees and invitees and any person, firm, corporation, entity or any one or more of them connected in any way with said Horse Show, or in control of the premises or equipment related thereto and each of them, for damage to property and/or injury or death to persons, including the Entrant, arising out of, or in any way connected with participation in said Horse Show, INCLUDING, BUT NOT LIMITED TO PERSONAL INJURY OR INJURIES, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. It is understood and agreed that this waiver, release and assumption of risks is to be binding upon Entrant's heirs and assigns. The Entrant acknowledges that he or she has read the foregoing and is fully aware of the legal consequences of signing below.

The OWNER agrees to INDEMNIFY AND HOLD The United States Equestrian Federation, Inc., the Vista Center for the Blind and Visually Impaired, the Menlo Circus Club, and the Pacific Coast Horse Shows Association (PCHA), their officials, directors, employees and agents HARMLESS FROM AND AGAINST ALL CLAIMS including any claims for injury or loss suffered by me or anyone else in connection with the competition, WHETHER OR NOT SUCH CLAIM, INJURY OR LOSS RESULTED, DIRECTLY OR INDIRECTLY, FROM MY NEGLIGENCE OR OMISSIONS OR THE NEGLIGENCE ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE UNITED STATES EQUESTRIAN FEDERATION, INC. OR COMPETITION. For example, if my horse injures someone or someone's property, I agree to indemnify and hold the aforementioned parties harmless from all claims for injury or loss. If the trainer is signing below on behalf of the owner, the trainer is hereby representing that he or she is duly authorized to sign on behalf of the owner.

FEDERATION ENTRY AGREEMENT

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulter or Longeur and on behalf of myself and my principles, 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 the competition. I agree to be bound by the Bylaw 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, or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage of 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, 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 GR1502.5.

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, Menlo Charity Horse Show to the following:
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 a 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 Federation 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 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 at the Competition.
I have read the Federation Rules about protective equipment, including GR318 and EV113, 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 assume all of the obligations of this Release on the child's behalf.
I AGREE that "the Federation" 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 Federation on the official USEF accident/injury report form. BOD 1/16/05 Effective 12/1/05
I represent that I have the requisite training, coaching, and abilities to safely compete in this competition.

BY SIGNING BELOW, I agree to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

Rider/Driver/Handler/Vaulter/Longeur (mandatory)	Owner/Agent (mandatory)	Trainer (mandatory)	Coach (if applicable)
Rider One Signature _____	Signature: _____	Signature: _____	Signature: _____
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Rider Two Signature: _____	Parent/Guardian Signature (Required if Rider/Driver/Handler/ Vaulter/ Longeur is a Minor) _____		
Print Name _____	Print Parent/ Guardian Name: _____	Emergency Contact Phone No. _____	
Is Rider/Driver/Vaulter a U.S. Citizen: _____ Yes _____ No			

Horse Fees (USEF DRUG = \$7.00, USEF = \$5.00, CDFA DRUG = \$5.00, PCHA = \$3.00, NCHJA = \$3.00)	
Total = \$23.00 per horse or pony (Mandatory)	\$ _____
Processing Fee @ \$85.00 (Mandatory)	\$ _____
Late Processing Fee @ \$50.00 (per horse or pony)	\$ _____
Grounds Fee @ \$50.00 per day (per horse or pony not using stall)	\$ _____
Stalls @ \$200.00	\$ _____
IF CARD NUMBERS DO NOT APPEAR ON ENTRY FORM, THE FOLLOWING NON-MEMBER FEES MUST BE PAID	
USEF Owner Non-Member Fee	\$20.00 per person \$ _____
USEF Rider Non-Member Fee	\$20.00 per person \$ _____
USEF Trainer Non-Member Fee	\$20.00 per person \$ _____
USEF Breed/Discipline Fee	\$5.00x _____ \$ _____
JUNIOR EXHIBITORS EXEMPT USEF Affidavit Fee	\$5.00x _____ \$ _____
USEF Amateur Certification	\$30.00 \$ _____
USHJA Owner Non-Member Fee	\$20.00 per person \$ _____
USHJA Rider Non-Member Fee	\$20.00 per person \$ _____
USHJA Trainer Non-Member Fee	\$20.00 per person \$ _____
PCHA Owner Non-Member Fee	\$10.00 per person \$ _____
PCHA Rider Non-Member Fee	\$10.00 per person \$ _____
PCHA Trainer Non-Member Fee	\$10.00 per person \$ _____
Friday Night Dinner/Dance @ \$175.00 per person	\$ _____
Donation to Vista Center for the Blind and Visually Impaired	\$ _____
Season 8 Seat Table (Polo Field)	Hunter Side @ \$750.00 \$ _____
	Middle @ \$750.00 \$ _____
	Jumper Side @ \$750.00 \$ _____
Sponsorship	\$ _____
Amount Enclosed or Credit Card Charged	\$ _____

PLEASE UNDERSTAND THAT ENTRIES ARE NOT ACCEPTED UNLESS ACCOMPANIED BY PAYMENT IN FULL ENTRY, STALL, HORSE AND MISCELLANEOUS FEES MUST ACCOMPANY ENTRY BLANK

Please make check payable to:
**Vista Center for the Blind and Visually Impaired or
Menlo Charity Horse Show, Inc.**

Mail Entries to: **MENLO CHARITY HORSE SHOW**
118 Lake Merced Hill, San Francisco, CA 94132

NOTE- Credit Cards will be processed and open checks will be filled in for the Full Amount.

Office Use Only	
Credit Card Amount _____	Date Processed _____
Credit Card Amount _____	Date Processed _____
Credit Card Amount _____	Date Processed _____
CK# _____ Amount _____	Date Rec'v _____
CK# _____ Amount _____	Date Rec'v _____
Cash _____ Amount _____	Date Rec'v _____
Measurement Cards	
Pony: _____	Horse: _____
Medal Membership Card	
Trainer: CPHA _____	ASPCA _____