

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

**NEW ENGLAND REGIONAL  
 MORGAN HORSE SHOW**  
 JULY 25-30, 2022  
 ENTRIES CLOSE JUNE 7, 2022  
 NO ENTRY FEES WILL BE SPLIT AMONG EXHIBITORS.  
 THE REGISTERED OWNER OR LESSEE IS  
 RESPONSIBLE FOR PAYMENT OF ENTIRE ENTRY.  
 Entries received after June 7 will be charged \$50 per horse.  
 Entries received after July 1 will be charged \$100 per horse.

Please make checks payable to  
 New England Morgan Horse Assoc.  
 and return with this form to:  
**Linda Burke, Secretary**  
**435 Middle Rd.**  
**Horseheads NY 14845**  
**607-739-7375**  
**Email : LBURKE1177@yahoo.com**

**EB#**

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

**TOTALS**

HORSE #1 \_\_\_\_\_  
 HORSE #2 \_\_\_\_\_  
 USEF DRUG FEE  
 \$23 PER HORSE \_\_\_\_\_  
 (INCLUDES \$15 D&M)  
 HORSE STALLS  
 \_\_\_\_\_ @ \$225 \_\_\_\_\_  
 TACK STALLS  
 \_\_\_\_\_ @ \$225 \_\_\_\_\_  
 USEF SHOW  
 PASS @ \$45 \_\_\_\_\_  
 AMHA  
 NON-MEMBER  
 FEE @ \$45 \_\_\_\_\_  
 OFFICE FEE  
 PER HORSE  
 @ \$30 \_\_\_\_\_  
 AMHA JUDGES  
 EDUCATION FEE  
 PER HORSE  
 @ \$2.00 \_\_\_\_\_  
 TRAILER IN  
 @ \$25 \_\_\_\_\_  
 LATE FEE (after  
 June 7) \$50  
 PER HORSE \_\_\_\_\_  
 LATE FEE (After  
 July 1) \$100  
 PER HORSE \_\_\_\_\_  
 OVERNIGHT  
 STALL \$60 \_\_\_\_\_  
 BILLING FEE  
 \$25 \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

Make checks payable to New England Morgan Horse Assoc.  
 Non-US checks must be marked "Payable in US Funds"  
 If you wish to charge your entries, please fill out the following:  
 AmEx  VISA  MC  Discover

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

EXPIRATION DATE \_\_\_\_\_ SEC CODE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

**OFFICE USE ONLY**

|                                 |                              |                                |                                  |                                |                                  |                                |                                  |                                |                                  |
|---------------------------------|------------------------------|--------------------------------|----------------------------------|--------------------------------|----------------------------------|--------------------------------|----------------------------------|--------------------------------|----------------------------------|
| REG <input type="checkbox"/>    | COG <input type="checkbox"/> | Rider #1 needs the following   |                                  | Rider #2 needs the following   |                                  | Owner needs the following      |                                  | Trainer needs the following    |                                  |
| RABIES <input type="checkbox"/> | SIG <input type="checkbox"/> | USEF# <input type="checkbox"/> | AMHA# <input type="checkbox"/>   | USEF# <input type="checkbox"/> | AMHA# <input type="checkbox"/>   | USEF# <input type="checkbox"/> | AMHA# <input type="checkbox"/>   | USEF# <input type="checkbox"/> | AMHA# <input type="checkbox"/>   |
| PD <input type="checkbox"/>     | CC <input type="checkbox"/>  | UPHA# <input type="checkbox"/> | Address <input type="checkbox"/> | UPHA# <input type="checkbox"/> | Address <input type="checkbox"/> | UPHA# <input type="checkbox"/> | Address <input type="checkbox"/> | UPHA# <input type="checkbox"/> | Address <input type="checkbox"/> |
| CK# _____                       |                              |                                |                                  |                                |                                  |                                |                                  |                                |                                  |

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. _____   |         |

**WARNING:** Under Massachusetts Law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities. Pursuant to Chapter 128, Section 2D of the General Law.



**FEDERATION ENTRY AGREEMENT**

**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. SEE PRO FORMA AT END OF THIS RULE.

**RIDER/DRIVER/HANDLER/VAULTER/LONGEUR** (mandatory)

**OWNER/AGENT** (mandatory)

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

**TRAINER** (mandatory) USEF# \_\_\_\_\_

**COACH** (if applicable)

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

(Required if Rider/Driver/Handler/Vaulter/Longeur is a minor)

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

Is Rider/Driver/Handler/Vaulter/Longeur a U.S. Citizen:  Yes  No

Emergency Contact Phone No. \_\_\_\_\_