

ONLY ONE (1) OWNER PER FORM

OWNER	
Print Name of Legal Owner (Signature on Back)	
Street or P.O. Box of Owner or Agent	
City	State Zip
Phone No. of Owner	Owner Email Address
USEF #	IALHA #
WDAA # / USDF # / CDS #	IFSHA #

**USEF / USDF ENTRY FORM
ANDALUSIAN / LUSITANO, FRIESIAN,
ASB, DRESSAGE, WESTERN
DRESSAGE and OPPORTUNITY ONLY
ON THIS FORM**

**2017 Fiesta Charity
Horse Show**

**April 27 - April 30, 2017
Los Angeles Equestrian Center
Burbank, California**

COMPLETE BOTH SIDES OF THIS FORM

DO NOT MAIL AFTER APRIL 17, 2017

TRAINER	
Print Trainer's Name (Signature on Back) and Ranch/Barn Name	
Street or P.O. Box of Trainer	
City	State Zip
Phone No. of Trainer	Trainer Email Address
USEF #	IALHA #
WDAA # / USDF # / CDS #	IFSHA #

LEAVE BLANK	NAME OF HORSE (Class Number Under Name. One Class Per Square)	TOTAL FEES	BREED REC # & USDF/USEF REC #	RIDER, DRIVER OR HANDLER (Provide address and assoc. #'s on reverse)
			BREED/USDF REG#	NAME:
			USEF REC#	
			BREED/USDF REG#	NAME:
			USEF REC#	
			BREED/USDF REG#	NAME:
			USEF REC#	

PLEASE SEND COPIES OF HORSE REGISTRATION PAPERS SHOWING PROOF OF OWNERSHIP. USEF, USDF, CDS, IALHA AND IFSHA CURRENT MEMBERSHIP CARDS MUST BE PROVIDED WITH THIS ENTRY FORM. Amateurs must present a Membership Card listing them as Amateurs.

CREDIT CARD PAYMENT INFORMATION	
Name as it appears on card	
Card Number / Type	
Exp. Date	Billing Zip Code
3 digit security code	
Cardholder's Signature	
Note - 3% transaction fee to be applied	

Make All Checks Payable To:
FIESTA OF THE SPANISH HORSE

All Entries must include complete payment by check or Credit Card Authorization (VISA, MC, DISCOVER, AM EXP)

Open checks & Credit Cards will be processed upon receipt.

An Open Check or Credit Card Authorization must *also* be provided to show office prior to issuance of back numbers to open account.

**FOR MORE INFORMATION CALL:
RON HOOD (831) 637-8510**

MAIL ENTRIES TO:
**Fiesta of the Spanish Horse
Attn: Ron Hood
280 Mansfield Road
Hollister, CA 95023**

ENTRY FEES	()	\$ _____
OFFICE FEES (PER HORSE)	() x \$ 25	\$ _____
STALLS / TACK ROOMS, NO FIRST BEDDING	() x \$ 130	\$ _____
STALL, DAY USE, NO FIRST BEDDING (PER DAY).....	() x \$ 45	\$ _____
EARLY ARRIVALS/late departures (PER DAY, PER STALL)	() x \$ 30	\$ _____
GROUNDS FEE (per horse, per day if no stall required).....	() x \$ 35	\$ _____
GROUNDS FEE (per horse entire show, LAEC horses not requiring stalls).....	() x \$ 35	\$ _____
CA DRUG FEE (PER HORSE)	() x \$ 5	\$ _____
USEF FEE \$16/horse (\$8 drugs/meds; \$8 USEF)	() x \$ 16	\$ _____
USEF Single Event Show Pass-(per person non-members)	() x \$ 30	\$ _____
USDF NON-MEMBER FEE (PER NON-MEMBER)	() x \$ 25	\$ _____
Calif. Dressage Society Travel Grant Fee (per horse).....	() x \$ 3	\$ _____
IALHA Non-Member FEE (All Non-Owner participants)	() x \$ 25	\$ _____
IFSHA NON-MEMBER FEE (PER NON-OWNER Adult Participants) .	() x \$ 25	\$ _____
IFSHA NON-MEMBER FEE (PER NON-OWNER Juniors)	() x \$ 20	\$ _____
CLASS SPONSOR (\$50 Regular - \$100 Champion)		\$ _____
\$25 Direct Donation to Cancer Research (Optional).....		\$ 25 _____
RV & Vehicles/overnight parking w/or without hookups (per day)	() x \$ 55	\$ _____
TOTAL ENCLOSED		\$ _____

STABLE WITH _____ ARRIVAL DATE _____

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, Vaultor or Longeur and on behalf of myself and my principals, 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 **Fiesta Charity Horse Show (Competition)**. I agree to be bound by the Bylaws 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, broadcasts, internet, film, new media 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, 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, or 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 GR908.4.

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, The Fiesta Charity Horse Show**, 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, vaultor, 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, Fiesta of The Spanish Horse, Fiesta Charity Horse Show, & The Los Angeles Equestrian Center ("LAEC")** 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.

MUST BE SIGNED IN AT LEAST 3 PLACES. 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. BOD 1/23/11 Effective 12/1/11

OWNER/AGENT (MANDATORY)

Adult Signature: _____

Print Name: _____

TRAINER (MANDATORY)

Signature: _____

Print Name: _____

RIDER/DRIVER/HANDLER #1 (MANDATORY)

Print Name: _____ Birth date - if Jr.: _____

Rider #1 USEF # _____ IALHA/IFSHA/WDAA#/USDF#/CDS# _____

Rider #1 Address: _____
Street / P. O. Box City State Zipcode

Emergency Contact Phone No: _____ Email address: _____

Rider #1 Signature (**Adult/Guardian, if Rider is a minor**): _____

Print Name – of Adult/Guardian: _____

RIDER/DRIVER/HANDLER #2 (MANDATORY)

Print Name: _____ Birth date - if Jr.: _____

Rider #2 USEF # _____ IALHA/IFSHA/WDAA#/USDF#/CDS# _____

Rider #2 Address: _____
Street / P.O. Box City State Zipcode

Emergency Contact Phone No: _____ Email address: _____

Rider #2 Signature (**Adult/Guardian, if Rider is a minor**): _____

Print Name – of Adult/Guardian: _____