

Entry #

# Saratoga Outreach ONLY

## Spring I, II, III



**Make Checks Payable to:**  
**Saratoga Horse Shows**

**Check Boxes  
for Shows Entered →**

- May 5, 2024
- May 12, 2024
- May 19, 2024

Entries Close: Friday of each week  
Online Entries - [Horseshowsonline.com](http://Horseshowsonline.com)

**CREDIT CARD INFORMATION**

Visa, MasterCard, American Express, Discover

Card # \_\_\_\_\_

Expiration: \_\_\_\_\_ / \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

NAME OF HORSE	USEF/USHJA #	BREED	COLOR	SEX	HEIGHT	AGE

NAME OF RIDER	AGE	SECTIONS/CLASSES ENTERED	USEF/USHJA #	ASPCA #
1st Rider				
2nd Rider				

**USHJA Outreach Entry Agreement**

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 "Competition" as used herein includes the USHJA and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliates. 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 hold harmless and release the USHJA 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 USHJA 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 USHJA or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the USHJA 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 understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the USHJA 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

BY SIGNING BELOW, I AGREE to be bound by the terms and provisions of this entry blank and all terms submitting this Agreement

**USPS Entries Mailed to:**  
**Saratoga Horse Shows**  
**PO Box 112**  
**Greenfield Center, NY 12833**

**FedEx and UPS Mailed to:**  
**Saratoga Horse Shows**  
**75 Wilton Road**  
**Greenfield Center, NY 12833**

# _____ Day Stall @ \$65	
USHJA Outreach Fee \$3	\$3.00
Office Fee \$65	\$65.00
EMT Fee \$30	\$30.00
<b>TOTAL</b>	

**Owner/Agent**

Signature \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

USEF # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Trainer**

Signature \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

USEF # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Rider 1**

Signature \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

USEF # \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Coach (if applicable) or Rider 2**

Signature \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

USEF # \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

STABLE WITH:

Emergency during the show contact phone # \_\_\_\_\_