

Make checks payable to:
 Flintridge La Cañada Guild-HMH
 Mail entries to:
 CHILDREN'S HORSE SHOW
 118 Lake Merced Hill, San Francisco, CA 94132

NO ENTRIES accepted unless accompanied by payment in full.

ENTRY, STALL, HORSE AND
 MISCELLANEOUS FEES MUST
 ACCOMPANY ENTRY FORM

The Flintridge La Cañada Guild of The Huntington Memorial Hospital

Flintridge Riding Club's

89th Annual



April 30, May 1, 2, 2010

PLEASE STABLE MY HORSE WITH:

(Barn Name or Trainer)

ONLY ONE HORSE PER FORM

(Print or typewrite your entries except for signature)

Entries Close March 31, 2010

For more information: Debbie Haub – Secretary
 Telephone (415) 584-7690 • Fax (415) 584-8039
 (Phone before 7:00 a.m. or after 8:00 p.m.)

HORSE SHOW FEES AND MISCELLANEOUS

Total Entry Fee \$	_____
Stall Fee @ \$180.00 \$	_____
Grounds Fee @ \$50.00 per day (per horse or pony not using stall) \$	_____
Processing Fee @ \$80.00 per horse or pony (mandatory) \$	_____
Late Processing Fee @ \$30.00 per horse or pony \$	_____
Camper Parking Fee, \$300.00 \$	_____
Parking Pass, \$125.00 \$	_____
Sponsorship \$	_____
Friday Night Wine Tasting @ \$30.00 per person \$	_____
Saturday Evening Tandem Show & Benefit Dinner Package @ \$100.00 per ticket \$	_____

ASSOCIATION FEES

Horse Fees USEF Drug & Medications Fee = \$7.00, USEF Fee = \$8.00, USHJA Zone Support Fee = \$2.00, CDFA Drug Fee = \$5.00, PCHA Fee = \$3.00, LAHJA Fee = \$3.00, SFHJA Fee = \$3.00 @ \$31.00 per horse or pony (mandatory) \$	31.00
USEF Non-member Fee, \$30.00 \$	_____
USHJA Non-member Fee, \$30.00 \$	_____
PCHA Non-member Fee, \$10.00 \$	_____
Amount Enclosed \$	_____

All trainers, owners and exhibitors must have their current membership cards with them or copy thereof, or send a copy of their cards with each entry. Please send copy of measurement card with your entry. Thank You.

Office Use Only

CK#	AMOUNT	DATE
CK#	AMOUNT	DATE
CASH	AMOUNT	DATE
REFUND AMOUNT	_____	
DATE PROCESSED	_____	

Measurement Cards

Pony: _____ Horse: _____

Medal Membership Cards

Rider 1:	LAHJA	CPHA	ASPCA	SFHJA
Rider 2:	LAHJA	CPHA	ASPCA	SFHJA
Trainer:	LAHJA	CPHA	ASPCA	SFHJA

BACK OF ENTRY FORM MUST BE SIGNED

ENTRY NO.

TRAINER									
NAME	ADDRESS			CITY/ST.		ZIP	Date of Birth / /		
BARN NAME									
HOME # ()	WORK # ()	CELL # ()	EMAIL			SS#/TAX ID#			
USEF#	PCHA #	LAHJA #	SFHJA #	CPHA #			ASPCA #		
USEF CARD	JOIN	N/M	USHJA CARD	JOIN	N/M	PCHA CARD	AFF.	JOIN	N/M

OWNER									
NAME	ADDRESS			CITY/ST.		ZIP	Date of Birth / /		
BARN NAME									
HOME # ()	WORK # ()	CELL # ()	EMAIL			SS#/TAX ID#			
USEF#	PCHA #	LAHJA #	SFHJA #	CPHA #			ASPCA #		
USEF CARD	JOIN	N/M	USHJA CARD	JOIN	N/M	PCHA CARD	AFF.	JOIN	N/M

RIDER ONE									
NAME	ADDRESS			CITY/ST.		ZIP	Date of Birth / /		
BARN NAME									
HOME # ()	WORK # ()	CELL # ()	EMAIL			SS#/TAX ID#			
USEF#	PCHA #	LAHJA #	SFHJA #	CPHA #			ASPCA #		
USEF CARD	JOIN	N/M	USHJA CARD	JOIN	N/M	PCHA CARD	AFF.	JOIN	N/M

RIDER TWO									
NAME	ADDRESS			CITY/ST.		ZIP	Date of Birth / /		
BARN NAME									
HOME # ()	WORK # ()	CELL # ()	EMAIL			SS#/TAX ID#			
USEF#	PCHA #	LAHJA #	SFHJA #	CPHA #			ASPCA #		
USEF CARD	JOIN	N/M	USHJA CARD	JOIN	N/M	PCHA CARD	AFF.	JOIN	N/M

HORSE	AGE	COLOR	SEX	HEIGHT	USHJA REGISTRATION #	CIRCLE: SMALL	HORSE MEDIUM	PONY LARGE
RIDER ONE	CLASSES							
RIDER TWO	CLASSES							

RECIPIENT OF PRIZE MONEY AWARDS

NAME OF INDIVIDUAL	OR CORPORATION
SS#	OR FED ID#
ADDRESS	CITY/ST/ZIP

ASSUMPTION OF RISK, HOLD HARMLESS, INDEMNIFICATION, AND RELEASE AGREEMENT (“AGREEMENT”)

I agree that if any damage shall be occasioned, or loss occur by fire, or otherwise, to the horse exhibited or to any vehicle or other article that I may send with such horse. I will make no claim therefor; and I further agree to hold the Flintridge La Cañada Guild of the Huntington Memorial Hospital, the Flintridge Riding Club, and the Pacific Coast Horse Shows Association (PCHA), their members, officers, employees and directors, harmless from any claim or demand whatsoever of any kind or nature, that may be occasioned by the horse or horses exhibited by me, or any child of mine, or the negligence of the person in charge of such horses, to repay the Club and/or the Guild, on demand, all damages they may sustain by reason of any claim or demand occasioned as aforesaid. I further agree to hold the Flintridge La Cañada Guild of the Huntington Memorial Hospital, the Flintridge Riding Club, and the Pacific Coast Horse Shows Association (PCHA), their members, officers, employees and directors, harmless from any liability on account of injury occasioned by or to myself or the children named herein as exhibitors.

Recognizing and agreeing that horse sports and horse-related activities may be DANGEROUS AND HAZARDOUS ENDEAVORS, EVEN LEADING TO PERMANENT INJURY OR DEATH, the undersigned, as owner, rider or spectator or other participant and/or as parent or legal guardian of an owner, rider or spectator or other participant (collectively “owner”) expressly ASSUMES ANY AND ALL RISKS of any loss, damage, or bodily injury and AGREES TO HOLD HARMLESS, REGARDLESS OF NEGLIGENT ACTS OR OMISSIONS, the Flintridge Riding Club, the Flintridge La Cañada Guild of the Huntington Memorial Hospital (“Guild”), the Pacific Coast Horse Shows Association (“PCHA”), and its organizing committee, their respective directors, members, agents and employees, and any instructor or contractor of the Flintridge Riding Club, and his or her employees, or employees thereof (collectively “Show”). Each owner shall be responsible for any loss, damage, or bodily injury that may be occasioned to any person by any horse exhibited; and each owner shall INDEMNIFY the Show against all claims or demands of any nature that may grow out of any loss, damage, or bodily injury occasioned by a horse exhibited or arise from the negligence of the person(s) in charge of each horse.

In addition to the above ASSUMPTION OF RISK, HOLD HARMLESS and INDEMNIFICATION, the undersigned knowingly and expressly RELEASES the Show and the Guild OF ANY ACTS OF NEGLIGENCE, WHETHER ACTIVE OR PASSIVE.

This AGREEMENT is made on behalf of the undersigned, and any guest or relative of the undersigned, including minor children or wards thereof. This AGREEMENT shall include the payment of any attorney’s fees, and shall include reimbursement to the Show and the Guild arising out of any loss, damage, or bodily injury occasioned by the undersigned, including any guest, relative, minor children, or wards thereof, from any cause whatsoever, REGARDLESS OF PASSIVE OR ACTIVE ACTS OF NEGLIGENCE of the Show.

THE UNDERSIGNED RECOGNIZES AND AGREES THAT BY EXECUTING THIS AGREEMENT, HE OR SHE IS WAIVING AND RELEASING VALUABLE LEGAL RIGHTS.

United States Equestrian Federation, Inc. Entry Agreement

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultler 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 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, Flintridge Children’s 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, vaultler, 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 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 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.

Rider/Driver/Handler/Vaultler/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/Vaultler/Longeur is a minor) _____		
Print Name: _____	Print Parent/Guardian Name: _____	Emergency Contact Phone No. _____	
Is Rider/Driver/Vaultler a U.S. Citizen: ____ Yes ____ No			