



Will not be accepted unless accompanied by credit card or check / No Cell Phone Photo's Accepted

SILVER OAK JUMPER TOURNAMENT AUGUST 14-18 2019



PRE-ENTRIES CLOSE AUGUST 1, 2019



Horse's Name	USEF/USHJA#	Color	Sex	Height	Age	sm.	med	lg	Measure #	Stabling With	Arrive date

OWNER	RIDER ONE	TRAINER
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Owner Name <input style="width:90%;" type="text"/> Street Address <input style="width:90%;" type="text"/> Cell Phone # <input style="width:20%;" type="text"/> City/Town <input style="width:40%;" type="text"/> State <input style="width:10%;" type="text"/> Zip <input style="width:10%;" type="text"/> Email <input style="width:90%;" type="text"/> USEF# /USHJA# <input style="width:90%;" type="text"/>	Rider Name <input style="width:90%;" type="text"/> Street Address <input style="width:90%;" type="text"/> City/Town <input style="width:40%;" type="text"/> State <input style="width:10%;" type="text"/> Zip <input style="width:10%;" type="text"/> Email <input style="width:90%;" type="text"/> Cell Phone <input style="width:40%;" type="text"/> Circle One <input type="checkbox"/> Jr <input type="checkbox"/> Am <input type="checkbox"/> Pro <input type="checkbox"/> USEF# /USHJA# <input style="width:90%;" type="text"/>	Trianer Name <input style="width:90%;" type="text"/> Street Address <input style="width:90%;" type="text"/> City/Town <input style="width:40%;" type="text"/> State <input style="width:10%;" type="text"/> Zip <input style="width:10%;" type="text"/> Email <input style="width:90%;" type="text"/> Cell Phone <input style="width:40%;" type="text"/> USEF# /USHJA# <input style="width:90%;" type="text"/>
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SOJT & USEF Entry Agreement

I have read the USEF Entry Agreement (GR 906.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State. 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 at FSP Halifax, MA to the following: I AGREE that "the Federation" and "Competition" as used herein includes the License 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 on the showgrounds prior to, during or after 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 on the showgrounds prior to, during or after 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 This Entry Form, 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.

WARNING UNDER MASSACHUSETTS LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Rider One Classes

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RIDER TWO

Street Address <input style="width:90%;" type="text"/>
City/Town <input style="width:40%;" type="text"/> State <input style="width:10%;" type="text"/> Zip <input style="width:10%;" type="text"/>
Email <input style="width:90%;" type="text"/>
Cell Phone <input style="width:40%;" type="text"/> Circle One <input type="checkbox"/> Jr <input type="checkbox"/> Am <input type="checkbox"/> Pro <input type="checkbox"/>
USEF# /USHJA# <input style="width:90%;" type="text"/>

Rider Two Classes

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RECIPIENT OF PRIZE MONEY

Individuals Name / or Corporation <input style="width:90%;" type="text"/>
Email Mandatory Print Clearly <input style="width:90%;" type="text"/>
S.S. # or Fed ID # <input style="width:90%;" type="text"/>
Street Address <input style="width:90%;" type="text"/> Cell Phone # <input style="width:20%;" type="text"/>
City/Town <input style="width:40%;" type="text"/> State <input style="width:10%;" type="text"/> Zip <input style="width:10%;" type="text"/>

MANDATORY TRAINER SIGNATURE

Signature <input style="width:90%;" type="text"/>
Print Name <input style="width:90%;" type="text"/>
Parent / Gaurdian Signature required if rider is a minor <input style="width:90%;" type="text"/>

MANDATORY RIDER SIGNATURE

Signature <input style="width:90%;" type="text"/>
Print Name <input style="width:90%;" type="text"/>
Parent / Gaurdian Signature required if rider is a minor <input style="width:90%;" type="text"/>

MANDATORY OWNER /AGENT SIGNATURE

Signature <input style="width:90%;" type="text"/>
Print Name <input style="width:90%;" type="text"/>
Parent / Gaurdian Signature required if rider is a minor <input style="width:90%;" type="text"/>

CHECKS PAYABLE TO SILVER OAK JUMPER TOURNAMENT	USEF & USHJA FEES:
Mail Entries: Charlene Brown 22 South Mayd St. Newport, RI 02840 Fax to : 401-848-2985 / Phone 401-849-2696E email: Cinnbayinc@aol.com Copy of Check must accompany faxed entry	USEF Drug: \$15 USEF Fee: \$8 USHJA Fee: \$7 USEF S/P Fee: \$45 USHJA S/P Fee: \$30

ENTER ONLINE AT WWW.HORSESHOWING.COM

Showing both weeks you can enter your stalls here

Please use Summer Showcase Entry form to enter your classes

WEEK 1 ONLY PREMIUM TENT STALL FEE \$335 x _____ STALLS = \$ _____

WEEK 2 PREMIUM TENT STALL FEE \$300 x _____ STALLS = \$ _____

JUMPER NOMINATION FEE	\$250 _____
LATE JUMPER NOMINATION AFTER AUG. 14	\$300 _____
OFFICE FEE / GROUNDS /ADMIN PER HORSE	\$75 _____
USEF (USEF DRUG \$15 +USEF FEE 8)	\$23 _____
USHJA FEES	\$7 _____
USEF Show pass	\$45 _____
USHJA Show pass	\$30 _____
POST ENTRY FEE	\$50 _____
RV PARKING	\$350 _____
NON SHOWING FEE	\$100 _____
INCOMPLETE ENTRY FORM (PER OMISSION) \$5 x _____ = \$ _____	
TOTAL	\$ _____

PREPAYMENT CASH \$ _____ Check \$ _____ Credit Card \$ _____

SHOW SECRETARY'S INITIALS _____

CREDIT CARD INFORMATION

CREDIT CARD # _____ CV# _____

EXPIRATION DATE: ____/____/____ AMOUNT CHARGED \$ _____

NAME ON CARD _____ ZIP _____

ADDRESS _____

SIGNATURE _____

MANDATORY MINORS PARNET SIGNATURE

Minors Parent Emergency contact # _____

Parnet Signature _____

MAKE CHECKS OUT TO SILVER OAK JUMPER TOURNAMENT