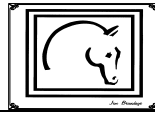


Central Florida Hunter Jumper Association



CFHJA NOVEMBER

NOVEMBER 11-13, 2011

PLEASE STABLE WITH:

| |
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CLOSING DATE FOR ENTRIES: OCTOBER 31, 2011

| Name of Horse | USEF Reg Number | AM OWNER | Color | Age | Sex | Height | Size | Green Year | PreGreen Level | Breed |
|-----------------|-----------------|--------------|--------|-----|-----|-------------|----------------|---|----------------|-------|
| | | 3'3" 3'6" | | | | | SM MED LG | 1 OR 2 | 1 OR 2 | |
| Classes Entered | Name of Rider | AGE | USEF # | | | ASPCA # | | Name of Person/Company Receiving Prize \$ | | |
| | 1st Rider | | | | | | | | | |
| | | | | | | JR AM JPR | Email Address: | Social Security or FED ID #: | | |
| | 2nd Rider | | | | | LOW HIGH | | | | |

www.cfhja.com

Federation Entry Agreement

Emergency Contact Person/ Telephone Number: _____

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 competition. I agree to be bound by the Bylaws and Rules of the Federation and 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, or 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 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 CFHJA MAY to the following:

I AGREE that "The Federation " and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers, and affiliated organizations.

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 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 GR 801 and if applicable EV114, and 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 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.

| | | |
|---|------------------------------|----------|
| # | Stalls and Tack Rooms | \$140.00 |
| # | USEF Fees \$8 + Drug Fee \$7 | \$15.00 |
| # | USEF Junior Non-member | \$30.00 |
| # | USEF Senior Non-member | \$30.00 |
| # | USHJA JR Non-Member | \$30.00 |
| # | USHJA SR Non-Member | \$30.00 |
| # | USHJA Zone Support Fee | \$2.00 |
| # | Service Fee per Entry | \$50.00 |
| # | Non-Showing Horse Fee | \$50.00 |
| # | Late Fee | \$20.00 |

Mail To: CFHJA

5838 S. GARCIA RD
 HOMOSASSA, FL 34448

Make Checks Payable To:

CFHJA

Stall fees due with entry to guarantee reservation.

Cell: 813-361-3783

TO RESERVE STALLS

Fax: 813-464-8131

CALL DANI

PLEASE LEAVE A MESSAGE OR EMAIL: CFHJASHOW@GMAIL.COM

FOR FEED AND SHAVINGS CALL: 813-740-3500

COACH'S SIGNATURE (X):

(IF APPLICABLE) PLEASE PRINT:

| OWNER/AGENT (MANDATORY) | TRAINER (MANDATORY) | RIDER I (MANDATORY) * | RIDER II (MANDATORY) * |
|-------------------------|---------------------|-----------------------|------------------------|
| SIGNATURE: (X) | SIGNATURE: (X) | SIGNATURE: (X) | SIGNATURE: (X) |
| Name (PRINT): | Name (PRINT): | Name (PRINT): | Name (PRINT): |
| Street: | Street: | Street: | Street: |
| City: | City: | City: | City: |
| State: Zip: | State: Zip: | State: Zip: | State: Zip: |
| Telephone # () | Telephone # () | Telephone # () | Telephone # () |
| USEF # | USEF # | USEF # | USEF # |

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaultor/Loungeur is a Minor)

Print Parent/Guardian Name: _____ Emergency Contact #: _____

Is Rider/Driver/Vaultor a US Citizen: ____ Yes ____ No

* Driver/Handler/Vaultor/Longeur