

ADDRESS

STATE



POST ENTRY

ntries Close: Noon the day before the show starts									
HORSE/PONY NAME	USHJA# (Not Required)	COLOR	SEX	HEIGHT	AGE		FEES		
						USHJA Membership Required to	*Fees charged to all e	entries	
						receive points in Outreach Classes	OFFICE/EMT FEE*	\$25	
RIDER ONE NAME	USHJA# (Not Required)	D.O.B			RIDER 1 CLASS	ES		7	
							GROUNDS FEE*	\$15	
							USHJA FEE*	\$3	
RIDER TWO NAME	USHJA # (Not Required)	D.O.B			RIDER 2 CLASS	ES			
OWNER	RIDE		RIDER TWO						
AME	NAME			NAME					

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HONE	ι	JSHJA#		PHONE	USHJA#		PHONE	USHJA#	NON-SHOWING HORSE	\$50
MAIL EMAIL					EMAIL					
TRAINER			PRIZE MONEY PAYEE			ON-LINE ENTRIES ACCEPTED AT WWW.HORSESHOWING.COM		ENTRY FEES		
NAME			NAME			EMAIL COMPLETED ENTRY BLANK TO info@LotusShowStables.com				
ADDRESS			ADDRESS			PLEASE MAKE CHECKS PAYABLE TO: LOTUS SHOW STABLES		4% CREDIT CARD		
ITY	S	STATE	ZIP	CITY	STATE	ZIP	HORSE SHOW PHONE:973-975-9472 call/text		CONVENIENCE FEE	l
ONE USHJA# SS		SSN OR TAX ID#			Please visit horseshowing.com or www.LotusShowStables.com for updates		TOTAL DUE\$			
EMAIL		EMAIL			Is Rider a U.S. Citizen: YES NO					

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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 at Lotus Show Stables LLC, 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

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

ADDRESS

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OWNER	RIDER ONE	RIDER TWO	TRAINER		EMERGENCY CONTACT				
OWNER/AGENT SIGNATURE	RIDER ONE SIGNATURE	RIDER TWO SIGNATURE	TRAINER SIGNATURE		NAME				
PRINT NAME	PRINT NAME	PRINT NAME	PRINT NAME		PHONE				
CREDIT CARD INFORMATION: PLEASE PRINT CLEARLY NOTE: A 3% CONVENIENCE FEE WILL BE ASSESSED ON ALL CREDIT CARD CHARGES									
CARD NUMBER			EXF		CID				
	T		, I						
NAME ON CARD	SIGNATURE		PHONE		BILLING ZIPCODE				