

Let's Go Show 2

August 17-18, 2019

Official Use Only

Entries Close, Monday, Aug 5, 2019

Enter online at www.EquestrianEntries.com

Name of Horse		Breed	Sex	Height	Color		
Sire	Dam	Dam's Sire	Country of Birth	Date of Birth	Breeder	Passport #	
Horse	Rider/Handler	Owner	Trainer	Coach			
USEF #	USEF #	USEF #	USEF #	USEF #			
USDF #	USDF #	USDF #	Please enclose copies of all membership cards and registrations.				
CDS #	CDS #	CDS #					
N/A							
Class No.	Class No.	Class No.	Class	Description	Division	Qualifying Y/N	Fees

Only one horse and rider per entry

NON-COMPETING HORSES MUST HAVE A SEPARATE ENTRY.... **REMEMBER: EVERYONE OVER 18 MUST COMPLETE "SAFE SPORT" TRAINING TO COMPETE!**
SIGNATURES MANDATORY.....for Rider, Owner and Trainer even if the same individual - SIGN all three places on next page!

OWNER _____

Address _____

City/St/Zip _____

Phone _____ Cell Phone _____

Email Address _____

Owner Citizenship (IF NOT USA) _____ Safe Sport YES NO

RIDER/HANDLER _____

Address _____

City/St/Zip _____

Phone _____ Cell Phone _____

Email Address _____

Rider Citizenship (IF NOT USA) _____ Rider Status (Check one): Jr/Yr AA Open

A/A or JR/YR Birthday _____ Safe Sport YES NO

TRAINER _____

Address _____

City/St/Zip _____

Phone _____ Cell Phone _____ Safe Sport YES NO

COACH _____

Address _____

City/St/Zip _____

Phone _____ Cell Phone _____ Safe Sport YES NO

Stabling Information :

For Feed/Bedding info@LA-EquestrianCenter.com/Fax 818.973.1048/Questions call 818.840.9063

Number of stalls (horse) needed:	Arriving:
Number of stalls (tack/grooming) needed:	
Stable with:	Departing:

Subtotal Class Fees	
USEF Non-Member Show Pass Fee @ \$45 per non-member	
USDF Non-Member Fee @\$35	
USEF Horse Fees	\$23.00
Office Fee	\$45.00
EMT Fee	\$5.00
CA Drug Fee	\$5.00
CDS Travel Grant	\$3.00
Fax or Email entry \$5.00	
FRI-SUN Horse Stall (s)\$125	
FRI-SUN Tack Room (s) \$125	
SAT-SUN Stall or Tack @\$100 each	
Day Stall or Tack @\$75 each	
Grounds Fee \$35 Only if no stall	
Late Entry \$35	
Internet Membership search \$20	
Changes after entry recieved \$10	
Safe Sport Completed	YES/NO
TOTAL FEES DUE	

Make Checks Payable To: Cornerstone Events
PLEASE FILL OUT BOTH SIDES OF THIS FORM.

I hereby agree to release, indemnify, and hold harmless, Cornerstone Event Management, Inc., LAEC, Inc., its instructors, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities. I also agree to release, indemnify and hold harmless the competition licensee, show management, show staff, show committee and members, officers, directors, agents, and volunteers from and against any and all loss, liability, or damage arising from or because of or in conjunction with participation in this competition or related activities.

Federation Entry Agreement

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulteur 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 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, vaulteur, 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

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provision 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.

Owner's/Agent's Signature (MANDATORY)	Rider/Handler Signature (MANDATORY)	Trainer's Signature (MANDATORY)	Coach's Signature (IF APPLICABLE)
PRINT NAME		PRINT NAME	PRINT NAME
Parent/Guardian Signature If Rider/Driver/Trainer/Handler/Vaulteur/Longeur is Under 18		Print Parent/Guardian Name	
Rider Emergency Contact Information			
Name of Contact/Relationship:			
<p><i>Make checks payable to:</i> Cornerstone Events <i>Mail to:</i> Cornerstone Events PO Box 3608 Glendale, CA 91221</p>	CHECK ONE: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX		
	Credit Card #:		
	Signature		V-code:
	Name on Card:		exp. Date: / /
	Billing Street Address:		Zip code: