

Entries Close: Monday June 20, 2016

SANTA BARBARA NATIONAL HORSE SHOW
July 13-17, 2016

OWNER INFORMATION

Name _____
 Address _____
 City/State/Zip _____
 Phone (____) _____ Email _____
 Soc.Sec./Fed ID# _____
 USEF/USHJA # _____ PCHA # _____

PRIZE MONEY PAYEE (if different from owner)

Payable To _____
 Address _____
 City/State/Zip _____
 Soc.Sec./Fed ID# _____
 Prize money cannot be paid without a Fed Tax ID #

Mail Entries to:
Santa Barbara National
 480 W. Riverside Dr., Suite 1
 Burbank, CA 91506

For More Information Contact:
 Charlotte Skinner-Robson
 818.563.3250 x2 - ceskinner@earthlink.net - Fax - 818.563.3292

www.langershows.com

This entry form MUST include: Name of horse and complete description, name of owner and address, name of trainer, and classes or divisions that you intend to compete in. Numbers may not be released without the entry form being complete.

RIDER (1) INFORMATION

Name _____
 Address _____
 City/State/Zip _____
 USEF/USHJA# _____ PCHA # _____
 ASPCA # _____ WIHS # _____
 Junior Birthdate _____ Amateur (circle age) 18-35 36 and Over

TRAINER INFORMATION

Name _____
 BarnName _____
 Address _____
 City/State/Zip _____
 Cell Phone (____) _____ Email _____
 USEF/USHJA # _____ PCHA # _____

RIDER (2) INFORMATION

Name _____
 Address _____
 City/State/Zip _____
 USEF/USHJA# _____ PCHA # _____
 ASPCA # _____ WIHS # _____
 Junior Birthdate _____ Amateur (circle age) 18-35 36 and Over

Arrival Date _____ Stable With _____

| Office Use | Name Of Horse | | | | | USEF/USHJA# | Rider | Classes Entered | | | | | | | |
|------------|---------------|-------|-----|-----|---------|-------------|-------|-----------------|-----|--|--|--|--|--|--|
| | Age | Color | Sex | Ht. | Green | | | Horse/Pony | (1) | | | | | | |
| | | | | | 1st 2nd | Sm Med Lg | (2) | | | | | | | | |

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for The Santa Barbara National 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 from the Competition, and agree that any actions against the Federation must be brought 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, The Colorado Spring Series 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, 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 to 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 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. 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.

ENTRY DEPOSIT INFORMATION

For each horse entered, send only the \$75 registration fee along with the appropriate stall fees, if a stall is needed, and Jumper Nomination if applicable.

Checks Payable to: 19th District Agricultural Assoc.

Registration Fee @ \$75 \$ _____
 Stall Fee @ \$275 x _____ = \$ _____
 Jumper Nomination @ \$100 \$ _____

TOTAL ENCLOSED \$ _____

Office Use Only

Paid \$ _____ Check # _____
 Late _____ Postmarked _____ / _____

Horse Show Fees
 Check Appropriate Boxes

Weekly Stall Fee \$275
 Impr Nom Fee \$100
 GrandPrix Nom Fee \$50
 Non-Showing Horse \$75
 Grounds Fee (per day) \$60
 RV Hookup / per day \$50
 USHJA Show Pass \$30
 USEF Show Pass \$30

Possible Additional Fees

| | |
|--|------|
| USEF Horse Fee | \$16 |
| <small>S8 Drugs & Medication/S8 USEF</small> | |
| PCHA Fee | \$3 |
| SFHJA Fee | \$3 |
| USHJA Fee | \$7 |
| CA Drug Fee | \$5 |
| USHJA Show Pass Fee | \$30 |
| USEF Show Pass Fee | \$30 |

| | | |
|----------------------------|------------------------------|--|
| MANDATORY Rider '1' | MANDATORY Owner/Agent | MANDATORY Trainer |
| Signature _____ | Signature _____ | Signature _____ |
| Print Name _____ | Print Name _____ | Print Name _____ |
| MANDATORY Rider '2' | IF APPLICABLE Coach | IF APPLICABLE Parent/Guardian (Required if rider or handler is a minor) |
| Signature _____ | Signature _____ | Signature _____ |
| Print Name _____ | Signature _____ | Print Name _____ |

Emergency Contact Phone # _____