Huntington Beach Surf Classic July 5-8, 2018

Make checks payable to West Palms Event Management. Mail to West Palms Event Management
PO Box 1092 Camarillo, CA 93011 - Email ak@westpalmsevents.com - No faxed entries - Include copies of your
membership cards. SEND ONLY NOMINATING AND STALL FEES WITH ENTRY. INCOMPLETE ENTRIES WILL BE
CHARGED A \$50 HANDLING FEE - Entries close and must be received by June 18, 2018

OWN	IER						RIDER ONE					TRAINER						
Owner Name												er Name						
Address							Address	Address										
City/State/Zip							City/State/Zip	City/State/Zip										
Social Security # (if corporation see below)	Tel	lephon	e			Telephone	Telephone	E-Mail										
E-Mail	USEF/USHJA						USEF/USHJA PCHA				USEF/USHJA			РСНА				
PCHA	OCHSA						OCHSA ASPCA				OCHSA	ASPCA						
PRIZE MONEY PAID TO							PID		PAYMENT INFO									
Individual Name (one name only) or Corporation Name							RIDER TWO Rider Name Credi											
Social Security #							Address		Telephone	Cardholder Name	[xp.	C	V/SA Mastercard				
Fed #							City/State/Zip	E-Mail	Signature			Billing Zip						
Address							USEF/USHJA		Deposit Received \$			Ck# Date						
Acaress City/State/Zip							USEF/USHJA PCHA OCHSA ASPCA				Closeout \$			Ck# Date				
																Dale		
NAME OF HORSE							RII	,	ASSES									
		ľ	COLOI	R SEX	HEIGH	T AGE				Birthday	DER 1							
											- G							
USHJA# Ple				le belov	if applic	able	RII	DER TWO	DER TWO					i				
		1st Yr 2nd Yr Sm Med				d Lg	1	Birthday			IDER		+	+				
EEDERATION ENTRY ACREEMENT 80 and dear Endouglie Branch Compilities 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							the Owner Lessee Trainer Manager Agent Coach	Driver Pider Ha	ndler Vaulter or Longeur and	on behalf of m	yealf and my principals			SSOCIA	TON	EEC		
FEDERATION ENTRY AGREEMENT By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Irainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulter or Longeur and on behalf of myself and my principals, representatives, employees and agents, lagree that I am subject to the Bylaws and Rules of the United States Equestrian Federation, Inc. (the "Federation") and the local rules of (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											ASSOCIATON FEES CDFA DRUG FEE \$5.00							
any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, ar Federation and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, int					ernet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion,					USEF FEE	IG FFF		\$5.0 \$23.0					
benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappro						roduct and	I they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and optiation. The construction and application of Federation rules are governed by the laws of the State of New York, and					ts in			\$3.00			
against the Federation must be filed in New York State. See GR908.4. FEDERATION RELEASE, ASSUMPTION OF RISK, WAIVER, AND INDEMNIFICATION. This document waives imp												PCHA FEE				\$3.00		
LAGREE in consideration for my participation in this Compa	etition to the	following	ina: I AC	GREE the	t the "Fed	eration" a	nd West Palms Event Management ("Competition") as a	used herein includ	des the Licensee and Compet	ition Managemer	nt, as well as all of thei	LAHJA FE	LAHJA FEE \$3.00					
officials, officers, directors, employees, agents, personnel, trainer, or as parent or avardian of a junior exhibitor. I am	, volunteers ar n fully aware	and red	deration cknowle	n attiliate edae tha	es. I AGRE t horse spo	that I ch orts and th	loose to participate voluntarily in the Competition wit e Competition involve inherent dangerous risks of accid	n my horse, as c lent. loss. and se	ı rider, driver, handler, vault rious bodily iniury includina b	er, Iongeur, Iesse roken bones. hec	e, owner, agent, coach ad iniuries, trauma, pain	SFHJA FE	SFHJA FEE \$3					
suffering, or death. ("Harm"). I AGREE to hold harmless at others, even if the Harm arises or results, directly or indire	nd release th	ne Fede	eration sence of	and the	Competition of	on from al	I claims for money damages or otherwise for any Har petition, I AGREE to expressly assume all risks of Harm	m to me or my l to me or my hor	norse and for any Harm of a se, including Harm resulting f	any nature cause	d by me or my horse to ace of the Federation o	LICET CHONN DACC \$45.00						
the Competition. I AGREE to indemnify (that is, to pay any	y losses, dama	ages, o	or costs	incurred	by) the F	ederation	and the Competition and to hold them harmless with r	espect to claims	for Harm to me or my horse,	, and for claims	made by others for any	y 03EF 3HOW FA33 \$43.00						
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, EV11.4, and I understand that I am entitled to wear protective equipment adknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment and upural 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 I I am injured at I have the requisite training, coaching and abilities to safely compete in this competition, and													9					
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 term													HORSE SHOW I LES					
signature by my own hand. BOD 1/23/11 Effective 12/1/	/11	riize L	LISI. II I	i uiii \sig	ning ana s	bbillilling	his Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect						ATION 1 (No P			\$50.0	-	
DIDED (HANDLED (M								TRAINIER (Many distance)					NOMINATION 2 (Prize \$)		\$100.00			
RIDER/HANDLER (Mandatory)						OWNER	R/MANAGER (Mandatory)	TRAINER (Mandatory)					LATE FEE Prior to July 2 LATE FEE at Show			\$75.00 \$150.00		
Is Rider/Driver/Handler a U.S. citizen? (pleas	No										efore June 18)			\$250.00				
Signature: Signature:								Signature	Signature:			STALLS (A	\$300.00					
Print Name: Print Name:								Print Name:				HAUL IN (PER DAY/PER			-			
													DICAL SERVICES FEE			\$50.00		
					ENT/GU	ARDIAN	(Mandatory if rider/handler is a minor)	COACH (If applicable)			FACILITY BOARDER FEE \$50.00					0		
Is Rider/Driver/Handler a U.S. citizen? (please circle) Yes No												3% CREDIT CARD FEE						
Signature: Signature:								Signature:	Signature:			SEND ONLY NOMINATION AND STALL/TACK FEES WITH ENTRY TOTAL AMOUNT DUE						
Print Name: Print Name:							Print Name:					I I IOIAL A	MOUNI DUE					
Tim (Addie)																		
												STABLE V	WITH:					
ENTER ONLINE AT: www.westpalmsevents.com																		
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