

October 6, 2019 at the Los Angeles Equestrian Center. Entries close September 23, 2019

NO FAXED ENTRIES—This entry form must include: Name of horse and complete description, name of owner and address, name of trainer, and classes or division you intend to compete in. Incomplete entries will be considered and treated as late entries and charged a late entry fee. Please submit copies of USEF membership card with entry. No post entries will be accepted.

RIDER INFORMATION		OWNER INFORMATION		TRAINER INFORMATION			
Name:		Name:		Name:			
Address:		Address:		Address:			
Phone:		Phone:		Phone:			
Email:		Email:		Email:			
School:							
Division (circle) Saddle Seat / Western Nov Freshman JV Varsity							
USEF #							
GRADE (YEAR) in School:							
Name of Horse:		Breed:		Horse Registration #			
		Age & DOB: Color: Sex: Height:					
CLASSES							
Class fees \$40 per class, Fees due prior to release of show entry. For a complete list of Class Descriptions, visit our website: www.saddleseatwesternleague.com		IF SHARING A HORSE- each rider must pay the \$35 admin fee IF RIDING IN BOTH SADDLE SEAT & WESTERN- you must submit 2 entries and pay BOTH \$35 admin fees.		IF YOU ARE MAILING AFTER THE CLOSING DATE- Add the \$100 late fee, IF YOU ARE MAILING WITHIN 6 DAYS OF SHOW- ADD \$150 LATE FEE please don't make us chase this up, thanks!			
NOVICE		FRESHMAN		JUNIOR VARSITY		VARSITY	
Class #4 – SaddleSeat Equitation		Class #3 – Saddle Seat Equitation		Class #2 – Saddle Seat Equitation		Class #1 – Saddle Seat Equitation	
Class #8 – Saddle Seat Pleasure		Class #7 – Saddle Seat Pleasure		Class #6 – Saddle Seat Pleasure		Class #5 – Saddle Seat Pleasure	
Class #12 – Western Equitation		Class #11 – Western Equitation		Class #10 – Western Pleasure		Class #9 – Western Pleasure	
Class #16 – Western Horsemanship		Class #15 – Western Horsemanship		Class #14 – Western Horsemanship		Class #13 – Western Horsemanship	
Mail Entry to: SWSL Elizabeth Curren, Show Secretary 2112 Galbreth Road Pasadena, CA 91104		Payment Information: Must be paid in full, payable to SWSL Number of Classes \$40 each _____ = \$ _____ Admin Fee \$35 (NO split) _____ USEF Fee \$23 per horse: \$ _____ CDF Drug Fee \$5 per horse= \$ _____ LAEC Grounds fee \$40 per rider (NO Split) e= \$ _____ \$100 Late Fee (if applicable) = _____ \$150 LATE FEE (within 6 days of show): \$ _____ Total= \$ _____		Emergency Contact Information: Name: _____ Phone: _____ Relationship to Rider: _____			

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, 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

SWSL

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, 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, 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 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 and all terms and provisions 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.

RIDER/DRIVER/HANDLER/OWNER/AGENT (mandatory)

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

TRAINER

COACH

(mandatory)

(if applicable)

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaultor/Longeur is a minor)

Print Parent//Guardian Name: _____

Emergency Contact Phone No. _____

Is Rider/Driver/Vaultor a U.S. Citizen:

Yes__No

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (Participant), acknowledge that I have voluntarily applied to participate in the following activities at the LAEC, Inc. Saddle Seat & Western School League of Greater Los Angeles competition (*Description of activities, which Participant will engage in*)

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT MY HORSE(S) AND/OR I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE TO ME OR MY HORSE(S), WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____

Parent or Guardian's initials (if under 18): _____

As consideration for being permitted by LAEC, Inc., the State of California, the County of Los Angeles, the City of Los Angeles and any lessor of the LAEC, Inc. premises JILL GREENBERG STUDIO, INC. 8570 Wilshire Blvd., #250 Beverly Hills, California 90211, to participate in these activities and use the Los Angeles Equestrian Center premises and facilities, I forever release LAEC, Inc., the State, the County, the City the Lessor, any LAEC, Inc. affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND LAEC, INC., THE STATE, THE CITY, THE COUNTY, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL. If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them. Executed at The Los Angeles Equestrian Center 480 W. Riverside Dr. Burbank, California Sunday, October 6, 2019

PARTICIPANT RELEASOR PARENT OR GUARDIAN

Signature _____ Signature _____
Address: _____ Address: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.