The Southwest Showdown Great Southwest Eq. Center * Katy, TX

September 20-24, 2017 • Entry Deadline: Sept 5, 2017



Make Checks Payable to Southbound Show Mgmt

Mail Entries to: Southbound Show Management, Inc 785 W. Jeter Road Argyle, TX 76226 • (940) 240-1207 • Email: pdrntx@aol.com

NAME OF HORSE	USEF/USHJA#	BREED	COLOR	SEX	HEIGHT	AGE		CREDIT CARD INFORMATIO		
							MUST HA	VE CREDIT CARD PRESENT AT	CHECK OUT	
							\square Visa, \square MasterCard, \square American Express, \square Discover			
NAME OF RIDER	AGE	SECTIONS/CLASSES E	NTERED	USEF/U	USHJA #	ASPCA #	Card #			
1st Rider U.S. Citizen? \square yes \square no							Expiration	Date:/ CV	V Code:	
							Card Holder's Name:			
2nd Rider U.S. Citizen? □ yes □ no							Signature:			
This and Change		- E-4 A					City/State/Z			
United States Equestrian Federation, Inc. Entry Agreement I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for The Southwest Showdown, 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 at the								# Stalls @ \$225.00		
							30 amp RV (Old Section) \$260.00			
competition, and agree that any actions against the Federation must be brought in New York State. Release, Assumption of Risk, Waiver, and Indemnification.							50 amp RV (Old Section) \$260.00			
This Document waives important legal rights. Read it carefully before signing.							30 amp RV (New Section) \$285.00 50 amp RV (New Section) \$285.00			
I AGREE in consideration for my participation in The Southwest Showdown, to the following: I AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.									\$16.00	
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							USHJA Fee @ \$7		\$7.00	
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").							US	SEF Non-Member Show Pass \$30	47.00	
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							USHJA Non-Member Show Pass \$30			
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.								Nominating Fee \$150		
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								NON-SHOWING FEE \$100		
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							GROUNDS FEE \$55/horse/day			
							LATE FEE \$60			
								OFFICE FEE \$60	\$60.00	
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								TOTAL		
submitting this Agreement electronically, I acknowledge that my electronically						ir i um signing unu	STABLE WITH			
Owner/Agent		Trainer				Rider 1	Coach (if applicable) or Rider 2		Rider 2	
Signature	Signature			Signature				Signature		
Print Name	Print Name			Print Name				Print Name		
Address				Address				Address		
City, State, Zip				City, State, Zip						
Phone ()				Phone ()						
USEF #	USEF #			USEF #				USEF #		
Email Address:	Email Address:			Email Address:				Email Address:		
PRIZE MONEY TAXPAYER INFORMATION MUST BE COMPLETED!	Taxpayer Name (must coincide	Taxpayer Name (must coincide with SS# or EIN#)			Prize Money Payee Address			In Case of Emergency during the show contact #		
	Social Security # or Fed	Social Security # or Federal ID #						J		
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