Make Checks Payable To:
Brownland Farm, LLC
Mail To:
Brownland Farm, P.O. Box 473, Franklin, TN 37065
Phone: 615-791-8180 Fax: 615-791-8182
www.brownlandfarm.com

Brownland Farm Summer

June 29-July 3, 2011

CLOSING DATE FOR ENTRIES & STALLS: JUNE 15, 2011

Only one owner per form. Must be officially entered on an entry form. Stall fees due with entry to guarantee reservation.

Name of Horse	USEF Reg Number	Sex	Color	Breed	Height	Age

Classes Entered	Name of Rider	Age	USEF #	ASPCA #
_____ 1ST Green _____ 2nd Green	1st Rider			
	2nd Rider			

We honor: ❑ MasterCard® ❑ VISA® ❑ American Express®

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Card Holder's Name As It Appears On Card

Signature

Street/P.O. Box City/State/Zip

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, Vaulter 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, 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 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.

Name of Person / Company receiving prize money: _____

Social Security or ED ID# _____

Please stable with: _____

# _____	Stall Fee @ $200	_____
# _____	Drug ($7) USEF ($8)	_____
# _____	USHJA ($2) Fee	_____
# _____	USEF Non Member Fee @ $30	_____
# _____	USHJA Non Member Fee @$30	_____
# _____	Office Fee @ $45	_____
# _____	Late Entry Fee @ $50	_____
# _____	Paddock Fee @ $225	_____
# _____	Non Showing Horse $100	_____
# _____	Grounds Non Stabled Horse Fee @ $40	_____
# _____	Jumper Nomination @ $150	_____
# _____	Golf Cart Rental (Day @ $55, Week @ $330)	_____

OWNER	TRAINER	RIDER #1	RIDER #2
Signature*(X) _____	Signature*(X) _____	Signature*(X) _____	Signature*(X) _____
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Street: _____	Street: _____	Street: _____	Street: _____
City: _____	City: _____	City: _____	City: _____
State:_____ Zip Code: _____	State:_____ Zip Code: _____	State:_____ Zip Code: _____	State:_____ Zip Code: _____
Telephone: (_____)_____	Telephone: (_____)_____	Telephone: (_____)_____	Telephone: (_____)_____
USEF#:_____	USEF#:_____	USEF#:_____	USEF#:_____

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

Print Parent / Guardian Name:_____ Emergency Contact Phone No. (_____) _____ Is Rider/Driver/Vaulter a U.S. Citizen: Yes____ No____