

For USEA Educational Activities & Schooling Shows

Name of Activity/Schooling Show:			USEA Area:	
Date(s)to be held:	Location:		Stat	e:
conditions in this release and	articipate in this USEA sponsored to those set by the organizer of suestrian Federation Rules for	this activity, the re		
surpassing the ASTM/SEI stand for Eventing. I understand the	ective headgear when riding. Wards with harness attached that at the USEA mandates that all rigent USEF rules and the wearing	meets standards co ders participating i	urrently imposed by the n cross-country activity	U.S. Equestrian Rules
also involve participation in ar participation involves all inher including, but not limited to, in humans or other animals arous unfamiliar objects; persons or objects; and, the potential of participant or others, includin assume responsibility for those officials, the USEA, USEF, their activity and the owners of any injury or illness to myself and	ne sport of eventing is a high rish "equine activity" as defined by rent risks associated with the dathe propensity of equines to behind or near them; the unpredicta other animals; hazards related a participant to act in a neglige g failing or inability to maintain erisks, and I release and agree in officers, agents, employees are property on which it is to be he to my property, including the house to require and enforce the weet to require and enforce the weet.	applicable laws an ngers and condition ave in ways which bility of equine reato surface and substitute of the view of the art of the volunteers as the form all liabilitionse(s) which I may EA educational act	d is wholly at my own rins which are an integral may result in injury, has action to sounds, sudden surface conditions; collister which may contributional. By participating it activity organizer, organizer, organizer in the conduct of y for negligence resulting ride.	sk. I understand that my part of equine activities, m or even death to movements, smells, and sions with other equines of the to injury to the nothis activity I agree to ganizing committee, for this USEA educational of in accidents, damage, ancel this activity; to
visitors; and to prohibit, stop	n; to require and enforce the we or control any action during the	activity deemed by	the organizer to be im	proper or unsafe.
	D OUT COMPLETELY AND SIG			
	Print):			
Address:				
City:		State:	ZIP:	
Phone:	Fax:		Email:	
Number of horses I will be	riding during activity (if ap	plicable):		
Level now riding (Check or □ Beginner Novice □	ne if applicable): Novice Training	□ Preliminary	□ Intermediate	□ Advanced
Check appropriate box:				
\square I am a USEA member and	d my number is #:	_		
☐ I am <i>not</i> a USEA membe				
□ I am <i>not</i> a USEA member	r. I wish to join and enclose n	ny membership fo	orm and dues.	
SIGNATURE:			Date:	

(If Participant is under 18, Release must be signed by Parent or legal guardian, not by trainer or instructor.)