

ONLY ONE HORSE PER ENTRY BLANK

PLEASE PRINT OR TYPE CLEARLY

MAKE COPIES IF NEEDED

NORTH COAST JUMPER CLASSIC & WACHOVIA SECURITIES AMERICAN GOLD CUP, FEI WORLD CUP™

SHOW DATES: SEPT 10 – 14 & SEPT 17 - 24, 2008

ENTRIES CLOSE AUGUST 18, 2008

Entries must be accompanied by Nomination, Drug, Office, Ambulance and Stall Fees

Office Use										
	NAME OF HORSE	USEF#	COLOR	SEX	HEIGHT	AGE	BREED	COUNTRY OF BIRTH	STUD BOOK INITIALS	FEI No. / PASSPORT No.

TO NOMINATE ENTRY CIRCLE SECTIONS: (NC)=NORTH COAST ONLY (GC)=GOLD CUP ONLY

OPEN (NC)	140M (NC & GC)	1.45M (NC)	1.35M (NC)	1.30M (NC)	YOUNG JUMPER (NC & GC)
INT'L CSI3*-W (GC)	1.50M – 1.45M (GC)	JR./A-O HIGH (NC & GC)	JR./A-O LOW (NC & GC)	ADULT (NC & GC)	LOW ADULT (NC)
CHILDREN'S (NC & GC)	FEI CHILDRENS (GC)	LOW CHILDRENS (NC)	PONY JUMPER (NC)	SCHOOLING (NC)	TRAINING (NC)

MAKE CHECK PAYABLE IN U.S. DOLLARS AND SEND TO:
 STADIUM JUMPING, INC.
 324 SOUTH PLANT AVE, TAMPA FLORIDA 33606
 813-253-2782

[] Visa [] Master Card [] American Express

Card Number _____ Ex: _____
 Name on Card _____

"I AGREE that each foregoing reference to the 'Competition' shall pertain to the Cleveland Autumn Jumper Series and that any action instituted against the Cleveland Autumn Jumper Series must be filed in Florida. I further agree that if any damage shall be occasioned, or loss occur, by fire or otherwise, to the horses exhibited, or to any vehicle or other article that I may send with such horses, that I will make no claim therefore; and I further agree to forfeit and pay to the Cleveland Autumn Jumper Series, the sum of \$100 as and for liquidated damages, if the animal or animals which I may exhibit are suffering from any contagious or infectious disease; and further AGREE to hold Stadium Jumping, Inc. harmless from any claims or demand of whatsoever kind or nature, that may be occasioned by the horse or horses exhibited by me, or the negligence of the persons in charge of such horses, and to repay the Cleveland Autumn Jumper Series and Cleveland Metroparks Polo Field on demand all damages it may sustain by reason of any claim or demand as aforesaid. The Cleveland Autumn Jumper Series, Stadium Jumping, Inc., Wachovia Securities and Metroparks Polo Field, their employees and other sponsors of the Cleveland Autumn Jumper Series disclaims any and all responsibility for the security of any horses, vans, trailers, tack, equipment or any other personal belongings present on the grounds of the Cleveland Metroparks Polo Field.

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 these Competition(s) to the following: 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 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 caused by me or my horse to others, even if the Harm resulted, 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 at the Competition. I have read the Federation Rules about protective equipment, including GR318 and EV113, 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 AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. 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.

North Coast	Gold Cup	
\$	\$	Nomination Fee \$225
\$	\$	Stall Fee \$225/stall []
\$	\$	FEI Stall Fee \$225/stall []
\$	\$	\$20 (FEI D&M Fee \$15/USEF \$5) <small>Horses entered FEI classes 201, 202 & 236 only</small>
\$	\$	\$12 (D&M Fee \$7/USEF Fee \$5)
\$	\$	USEF Non Member Fee \$20 Breed & Discipline Fee \$5
\$	\$	USHJA Non Member \$20
\$	\$	Office Fee \$50 per show
\$	\$	Ambulance Fee \$10 per show
\$	\$	TOTAL DUE

For Table & Ticket information call
(440) 834-8615

ALL SIGNATURES, ADDRESSES AND THE OWNERS SOCIAL SECURITY NUMBER MUST APPEAR ON THE ENTRY FORM IN ORDER FOR THIS ENTRY TO BE PROCESSED AND PRIZE MONEY DISTRIBUTED

OWNER SIGNATURE	RIDER SIGNATURE	RIDER 2 SIGNATURE	TRAINER SIGNATURE
Owner Name	Rider Name	Rider 2 Name	Trainer Name
USEF/USHJA#	USEF/USHJA#	USEF/USHJA#	USEF/USHJA#
Address	FEI #	FEI #	Phone Cell
City/State/Zip	Address	PRIZE MONEY PAYEE	EMAIL
Phone Fax	City/State/Zip	SS#/TIN#	COACHES SIGNATURE
Cell Phone	Phone Cell	Address	Coaches Name
EMAIL	EMAIL	City/State/Zip	USEF/USHJA#

RESERVE STABLING IN THIS NAME:

STABLE WITH:

ARRIVAL DATE: