



UNITED STATES *Dressage* FEDERATION

**USDF/Platinum Performance North American Junior  
and Young Rider Dressage Championships**

**ADDITIONAL HORSE DECLARATION FORM**

- Additional horses may be added to a Declaration of Intent that is currently on file until June 1<sup>st</sup>, 2012 for \$50 each.
- The owner of the horse must be a USDF member (PM\* or Business Member (BM)) at the time the qualifying scores are earned and at the time of the championships.
- This form must be on file before you begin qualifying with the additional declared horse.
- This form must be submitted with verification of USEF and USDF Horse registrations.

Rider Name: \_\_\_\_\_

JUNIOR    YOUNG RIDER   Declared Region: \_\_\_\_\_

I wish to add the following horse to my Declaration of Intent:

HORSE: \_\_\_\_\_

USDF # \_\_\_\_\_ USEF # \_\_\_\_\_ FEI REGISTRATION# \_\_\_\_\_

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ YEAR OF BIRTH: \_\_\_\_\_

GELDING    MARE    STALLION

COUNTRY OF BIRTH: \_\_\_\_\_ FEI PASSPORT # \_\_\_\_\_

SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_

OWNER(as listed on passport): \_\_\_\_\_ USDF # \_\_\_\_\_

\* The owner of the horse must be a USDF member (PM\* or Business Member (BM)) at the time the qualifying scores are earned and at the time of the championships.

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

As consideration for my participation in this event, I voluntarily agree to the following:

I am seeking to attend or participate in qualifying for the FEI North American Junior and Young Rider Championship specified on this form herein after referred to as the Event.

I understand and acknowledge that numerous inherent risks and dangers are associated with equine activities, whether preparing for, entering, attending, participating in, or leaving the Event. These risks can include the propensity of an equine or animal to behave in ways that may result in injury, harm, or death to persons on or around them and the unpredictability of the equine’s reaction to sounds, sudden movements and unfamiliar objects, persons or other animals. **I understand and agree to assume these and other inherent risks and dangers that may be associated with my attendance at or participation in the Event. I am not relying on USDF nor USEF to list all risks.**

**I voluntarily agree to waive any and all rights to sue and hereby release the U.S. Dressage Federation Inc., the United States Equestrian Federation, and the sponsor of the event from all liability, loss, claims, or actions for injury, death, expenses or damage to person or property resulting from any action, inaction, or ordinary negligence by the event organizers, sponsors, USEF or the USDF (regardless of whether the USDF or the sponsor was negligent).**

I also agree to indemnify (that is, pay any losses, damages, or costs incurred by) the USDF, USEF and the Event sponsor and to hold them harmless as to claims for injury, death, loss, or damage to me, my personal property, or my horse or as to claims that others may make for any injury, death, loss, or damage that may be caused by me or my horse.

I grant full permission for the USDF to use and publish any photographs or videotapes taken of me and/or my horse at the Event.

If I am signing as Parent or Legally-Appointed Guardian of a minor (under age 18), I consent to my minor child’s entry at the Event and accept responsibility for his/her attendance or participation.

**E. Required Signatures**

I certify that I have read the USDF Qualifying Criteria for the NAJYRC, the Assumption of Risk, Waiver and Release of Liability and Indemnification Agreement, and the USEF and USDF Code of Conduct for participating in the NAJYRC, I understand them, and I agree to be fully bound by those terms to the greatest extent allowed by law.

- a) \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Rider
- b) \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent / Guardian
- c) \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Horse Owner

**Mail to: USDF, Attn: Erica Minks, 4051 Ironworks Parkway, Lexington, KY 40511**  
**Fax to: Attn: Erica, (859) 971-7722**  
**Email to: eminks@usdf.org**

USDF IS NOT RESPONSIBLE FOR LOST, DELAYED, MISDIRECTED, OR STOLEN CORRESPONDENCE EITHER ELECTRONIC, POSTAL, OR VOICE ACTIVATED.

**2012 USDF/Platinum Performance NAJYRC Additional Horse Declaration**  
**Payment Form**

Rider's Name: \_\_\_\_\_

I authorize USDF to bill the amount of \$ **50.00** to my

Visa

MasterCard

Card number \_\_\_\_\_

Name on card \_\_\_\_\_

Expiration date \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature \_\_\_\_\_