

- Additional horses may be added to an already received application at no additional fee through April 30, 2020.
- Between May 1, 2020 and May 31, 2020 the rider will be required to submit a \$50 fee for each added horse.
- No additional horses may be added to the application after May 31, 2020.

PLEASE BE SURE TO REVIEW THE HORSE AND OWNER REQUIRMENTS PER THE 2020 SELECTION PROCDURES

RIDER NAME:									
					TRATION#				
	□ YOUNG RIDER			DECLARED REGION:					
I wish to add the following horse to my Application:									
HORSE NAME:									
USDF #		USEF #		_FEI REGIST	FRATION#				
BREED:			COLOR:		YEAR OF BIRTH:				
□ GELDING I	□ MARE	□ STALLION	COUN	TRY OF BIR	TH:				
OWNER: (as listed on passport)									
USDF #	USEF #								
ADDRESS:									
CITY:			_STATE:		ZIP:				
PHONE (_)		_EMAIL:						



Waiver and Liability Release

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 Youth 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

Required Signatures

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

a) Horse Name (Please Print)		
b) Rider Name (Please Print)	Rider Signature	Date
e) <u>Parent/Guardian Name (Please Print)</u>	Parent/Guardian Signature	Date
l) Horse Owner Name (Please Print)	Horse Owner Signature	Date
P) Rider's Coach/Trainer Name (Please Print)	Rider's Coach/Trainer Signature	Date
	rdinator, 4051 Ironworks Parkway, Lexington, KY	

Iail to: USDF, Attn: NAYC Coordinator, 4051 Ironworks Parkway, Lexington, KY 40511Fax to: (859) 971-7722Email to: nayc@usdf.org

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



2020 NAYC Additional Horse Declaration Payment Form For horses added from May 1 to May 31, 2020

Ride	's Name								
□ I authorize USDF to bill the amount of \$ 50.00 to my									
	□Visa	□MasterCard							
Card	Number								
Expi	ration Date								
Billir	ng Address								
City		State	Zip						
Signa	ature								