



Return completed form to:
 Fax: (859) 231-6662 or
 Mail to: United States Equestrian Federation
 Attn: FEI Registration
 4001 Wing Commander Way
 Lexington, KY 40511-8483

2020 FEI RIDER/TRAINER REGISTRATION FORM

- Any results, points, or qualifications will not count unless your FEI Registration is completed prior to starting an FEI competition.
- FEI Registrations need to be renewed each year, or you can renew online & click the Auto Renew button to renew automatically.
- Return this form no later than 4 weeks prior to the first day of competition. Applications received less than 4 weeks prior to the show could be subject to a Rush Charge of \$30.
- USEF only registers U.S. citizens.
- Are you registering as a rider or trainer? (Trainer is Endurance only) (Must be over 18)

RIDER TRAINER

RIDER INFORMATION (Please print)

USEF MEMBERSHIP # (Mandatory)	PREVIOUS FEI REGISTRATION #
RIDER DISCIPLINE	NATIONALITY <small>US ATHLETES ONLY (ALL OTHERS MUST GO THROUGH RESPECTIVE NF'S)</small>
FIRST NAME	LAST NAME
ADDRESS	CITY
STATE	ZIP
PHONE NUMBER ()	CELL PHONE ()
E-MAIL	GENDER (Check one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH	

EMERGENCY CONTACT INFORMATION (Please print)

NAME	E-MAIL
PHYSICAL ADDRESS	CITY
STATE	ZIP
PHONE NUMBER ()	CELL PHONE ()

FEI RIDER REGISTRATION \$15
 Riders age 16 and under as of January 1, 2020, are **FREE**.

RUSH FEI RIDER REGISTRATION\$45.00 (\$15 + \$30 RUSH FEE)

UNITED STATES EQUESTRIAN FEDERATION : 4001 WING COMMANDER WAY : LEXINGTON, KY 40511 : 859.258.2472 : FAX 859.231.6662 : USEF.ORG

PAYMENT INFORMATION (Do not detach)
ENTER AMOUNT FROM ABOVE

TOTAL AMOUNT ENCLOSED \$.

PAYMENT METHOD (PLEASE DO NOT SEND CASH) Make Check Payable to: United States Equestrian Federation

CHECK # _____ We also accept Visa AMEX or MasterCard

Card Number:

Exp. Date: /

Card Holder's Name (Print) _____

Billing Zip Code

Card Holder's Signature _____



2020 CODE OF CONDUCT

As a United States Equestrian Federation, Inc. (USEF) competitor, I acknowledge my obligation to uphold and adhere to the highest standards of horsemanship, sportsmanship, and citizenship whenever I am representing my country whether as a team member, individual competitor, or horse owner, and whether during actual competition or not. As a horseman, I will place my horse's welfare above all other considerations and faithfully observe the USEF Code of Conduct.

As a sportsman, I will know and comply with all pertinent rules of USEF as my National Governing Body (NGB), and ISSEA as the International Governing Body for this Saddle Seat event; and honor the principles of fair play inherent in them. I will place the interests of the team above my own, and respect the decisions of its duly appointed/elected officials, made in the team's best interest.

As a citizen, I will respect the laws of my own country as well as those of foreign countries in which I may compete. Knowing that as a USEF competitor I also serve as an Ambassador for my sport, USEF, and my country. I will endeavor at all times to reflect credit on them through my conduct, dress, and behavior.

I clearly acknowledge my responsibility to ensure that individuals who accompany me whenever I am competing and/or representing my country also abide by this Code of Conduct.

I understand and accept that serious or repeated transgressions of these Codes may be grounds for suspension from a squad or team, or other appropriate disciplinary action. In addition, I agree to abide by selection procedures established by USEF wherever applicable.

Finally, I fully understand that entries will not be made until this application form is signed and completed in full and that this application indicates my intent to compete. Failure to participate may result in disciplinary action on USEF by the ISSEA. I agree to reimburse all fines imposed by the ISSEA on USEF for failure to participate in the competitions entered and agree to honor all other penalties including possible and further disciplinary action.

Rider (print name)

Rider Signature

USEF#

Date

Parent/Guardian (print name)

Parent or Guardian Signature
(if rider is under 18)

USEF#

Date



2020 RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION

THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS. READ IT CAREFULLY BEFORE SIGNING.

I AGREE that in consideration for my participation to compete on the 2015 US Saddle Seat Equitation Young Rider Home or Travel Team (“the Team”)

I AGREE that I choose to participate voluntarily on the Team, as a rider or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and Team competition involves 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 United States Equestrian Federation (“USEF”), the International Saddle Seat Equitation Association (ISSEA), Cascade Stables and Equestrian Saddle Seat Association of South Africa (“Released Parties”) from all claims for money damages or otherwise for any Harm to me and for any Harm caused by me to others, even if the Harm resulted, directly or indirectly, from the negligence of the Released Parties.

I AGREE to expressly assume all risks of Harm to me, including Harm resulting from the negligence of the Released Parties.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Released Parties and to hold them harmless with respect to claims for Harm to me, and for claims made by others for any Harm caused by me during Team competition.

If I am a parent or guardian of a junior exhibitor, I consent to my 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 “USEF” 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 on the Team.

I AGREE that if I am injured during Team competition, the medical personnel treating my injuries may provide information on my injury and treatment to the USEF on the official USEF accident/injury report form.

BY SIGNING BELOW, I AGREE to be bound by all ISSEA and USEF applicable Rules and all terms and provisions of this Release.

RIDER (Mandatory)

PARENT/GUARDIAN (Required if Rider is a minor)

Signature

Signature

Print Name

Print Name (Parent/Guardian)

Date

Date

Emergency Contact Phone Number

Is Rider a U.S. Citizens (Yes/No)