

May 26 - June 5, 2011

Entries Close April 25, 2011

Only ONE HORSE per entry form.

Office	Name of Horse or Pony	USEF #	Color	Sex	Height	Foaled	Breed Number

Name of Rider One		Classes Rider One					

Name of Rider Two		Classes Rider Two					

United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR908.6) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State.

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 this Competition to the following:

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 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 hold harmless and release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and/or any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, 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 while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and, if applicable, EV114, 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 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.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

A negative Coggins Test dated since June 1, 2010 must accompany this entry!

Total Entry Fees	=
Office Fee @ \$50 per entry blank	= \$ 50.00
Federation (\$8) & Drug Fee (\$7) - Leadline Exempt	= \$ 15.00
Federation NM Fee: (\$30)	
<input type="checkbox"/> Owner <input type="checkbox"/> Rider <input type="checkbox"/> Trainer	
Senior Week Box Stalls @ \$175	=
I have entered the Capital Campaign Raffle (see IFC)	<input type="checkbox"/>
Overnight Stalls @ \$85	
<input type="checkbox"/> Tue. May 31 <input type="checkbox"/> Thur. June 2 <input type="checkbox"/> Wed. June 1 <input type="checkbox"/> Fri. June 3	
Amount Enclosed (no open checks)	

Owner Signature:		Trainer Signature:		Rider #1 Signature:	
Name		Name		Name	
USEF #	Breed #	USEF #	Breed #	USEF #	
Address		Address		Breed #	Birthdate
City, State, Zip		City, State, Zip		Address	
Phone		Phone		City, State, Zip	
Fax		Fax		Rider #2 Signature:	
Cell		Cell		Name	
Email		Email		USEF #	
SS #		SS #		Breed #	Birthdate

Alternate Payee		Coach		Address	
Name		Sig.		City, State, Zip	
SS #		Name		Parent/Guardian	
Address		Emergency Contact		Sig.	
City, State, Zip		Phone		Name	

Reserve Stabling:

MAKE CHECKS PAYABLE (in US Funds) AND MAIL TO:
DEVON HORSE SHOW
PO Box 158
Devon Pa, 19333

To verify receipt of entries, please use a delivery method which requires a signature. The show cannot verify receipt of faxed or regular mail entries. Separate checks for each horse are appreciated.

Please send copies of USEF cards and breed papers!