

**DEVON HORSE SHOW 2017
SADDLEBRED/ROADSTER/HACKNEY/HARNESS**

Coggins

ENTRIES MUST BE POSTMARKED BY MIDNIGHT ON: April 24, 2017	Checks payable and mail with entry to: DEVON HORSE SHOW P.O. Box 158 , Devon, PA 19333	ARRIVAL DATE:	STABLE WITH (trainer name only):
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Horse Name	USEF #	Color	Sex	Height	Yr Foaled	Breed/Registry #: O/R/T Breed Membership #:
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CLASSES:

NAME OF RIDER ONE																			
NAME OF RIDER TWO																			

FEDERATION ENTRY AGREEMENT By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of (Competition). I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4. 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 herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaultor, 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 for 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 and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

OWNER USEF #: _____	RIDER/DRIVER/HANDLER USEF #: _____	ENTRY FEES	\$
SIGNATURE: _____	SIGNATURE: _____	USEF Drug Fee \$8, USEF Fee \$8	\$ 16.00
Owner Name: _____	Rider/Driver/Handler Name: _____	USEF NonMember Fee @ \$30 Owner/Rider/Trainer	
Address: _____	Address: _____	Processing Fee	\$ 5.00
City, State, ZIP: _____	City, State, ZIP: _____	Senior Week Stall @ \$200.00 (# _____)	
Phone: _____ SS#: _____	Phone: _____ Fax: _____	Office Fee \$90.00	\$ 90.00
EMAIL: _____	EMAIL: _____	Overnight Stall @ \$100 circle: 5/30, 5/31, 6/1, 6/2, 6/3	
		AMOUNT DUE ENCLOSED IN FULL:	

TRAINER USEF #: _____	ALTERNATE PAYEE SS#/TaxID: _____	Checks payable to: Devon Horse Show, US Funds only See prize list to complete VISA or MASTERCARD payment form and submit form with entry blank. Go to www.devonhorseshow.org for additional information and forms. Online entry service available https://entries.showmanagementsystem.com . Please list main contact to receive correspondence. Provide name, mailing address, and phone, or email address (required): _____ _____ _____
SIGNATURE: _____	Name: _____	
Trainer Name: _____	Address: _____	
Address: _____	COACH NAME (if applicable): _____	
City, State, ZIP: _____	COACH SIGNATURE: _____	
Phone: _____ Fax: _____	EMERGENCY CONTACT INFORMATION: _____	
EMAIL: _____	PARENT/GUARDIAN SIGNATURE (if applicable): _____	