DEVON HODSE SHOW 2019																
DEVON HORSE SHOW 2018 DRIVING/COACHING														Coggii	ns	
BY MIDNIGHT ON:		DEVO	Checks payable and mail with entry to: DEVON HORSE SHOW P.O. Box 158, Devon, PA 19333					ARRIVAL DATE:					STABLE WITH (owner last name):			
COACHING (circle classes entered)	#451 Appoint.	#452 Pleasure	#453 Obstacles Wednesday	#454 Coaching Perform.	#455 Obstacles Friday	#457 Coach Horn Amateur	#458 Coach Horn Open						Vehicle			
MISC. DRIVING (circle classes entered)	#460 Unicorns	#462 Horse Pairs Pleasure	#463 Scurry Pairs	#465 Single/Pair Pony Pleasure	#466 Single/Pair Pony Scurry	#468 Single Horse Pleasure	#469 Single Horse Scurry		#511 Am Whip				Vehicle			
PLEASURE DRIVE (circle classes entered)	HORSE:	#501 Single Harness 2-Wheel	#502 Single Harness 4-Wheel	#503 Double Harness Pairs/Tand.	#504 Unicorns Four-In- Hands	PONY:	#505 Single Harness 2-Wheel	#506 Single Harness 4-Wheel	#507 Double Harness Pairs/Tand.	#508 Unicorns Four-In- Hands	OPEN:	#509 Light Commercial Farmers	Vehicle			
agents, I agree that I am subject to the Bylaws and Rules Hearing Committee on any question arising under the Ru horse I am entering is eligible as entered. I also agree that horse taken during the course of the competition for the peably waive and release any rights in connection with sut tuted against the Federation must be filed in New York S tion to the following: I AGREE that the "Federation" and participate voluntarily in the Competition with my horse, accident, loss, and serious bodily injury including broken any Harm of any nature caused by me or my horse to oth of the Federation or the Competition. I AGREE to indem me or my horse while at the Competition. I have read the me to do so while WARNING that no protective equipme child's behalf I represent that I have the requisite training official USEF accident/injury report form. BY SIGNING acknowledge that my electronic signature shall have the	eles, and agree tas a condition or comotion, cover the use, including tate. See GR9 14 "Competition as a rider, driebones, head it ers, even if the infly (that is, to Federation Rent can guard g, coaching and BELOW, I A	to release and n of and in cor of and in cor or benet ng any claim to 08.4. Federatic n" as used here ver, handler, v njuries, trauma e Harm arises o p apa any losse ules about prot against all inju d abilities to sa GREE to be b	hold harmles assideration of fit of the comp o compensation on Release, Asein includes the aulter, longeu a, pain, suffer or results, dires, damages, ctective equipmiries. If I am a fiely compete ound by all ap	s the competite acceptance of operation, sport, on, invasion of ssumption of lie acceptance of operations, invasion of sumption of lie acceptance, company or death. Settly or indirect or costs incurrent, including parent or guain this competition of the compet	tion, the Feder entry, the Fe- cert entry, the Fe- grivacy, right entry, entry, entry, entry, the feet entry, entry, entry, entry, the feet entry, entry, entry, entry, the feet entry, entry, entry, the feet entry, entry, entry, entry, the feet entry, entr	ration, their of deration and/c ation. Those list of publicity and Indemnif in Managemen in Managemen (GREE to hole negligence of deration and the first applicable, ior exhibitor, EE that if I an and all terms a and all terms a series of the series of th	fficials, director the Competitikenesses shall tikenesses shall , or to misappi fication This d tt, as well as al as parent or grad d harmless and the Federation the Competition EV114, and I I consent to the in injured at this	ors and employ tion may use o not be used to opriation. The ocument waive I of their officiardian of a jun I release the Fe or or the Compon and to hold the understand the child's parties of competition, something the second of the component of the child's parties of the competition, and the component of the co	ees for any ac r assign photo advertise a pi construction as important le als, officers, c nior exhibitor. detration and t etition. I AGR mem harmless at I am entitle ipation and t the medical p	tion taken unc ographs, video roduct and the and applicatio egal rights. Re directors, empl I am fully aw the Competitic EE to express with respect to to wear prote GREE to all c ersonnel treat	ler the Rules. s, audios, cab y may not be n of Federatic ad it carefully oyees, agents are and acknown from all clay assume all o claims for Fective equipm if the above p ing my injurie	I represent the le - casts, bro used in such on rules are get before signin, personnel, vowledge that I mims for monerisks of Harm to me or ent without provisions and is may provide.	at I am eligible to enter and/or participat adcasts, internet, film, new media or oth a way as to jeopardize amateur status. I I overned by the laws of the State of New ng. I AGREE in consideration for my par wolunteers and Federation affiliates. I AG horse sports and the Competition involve ey damages or otherwise for any Harm tr to to me or my horse, including Harm rest my horse, and for claims made by other lenalty, and I acknowledge that the Feder I AGREE to assume all of the obligations le information on my injury and treatmer	te under the Ruer likenesses of the energy express York, and any rticipation in the like Ethat I che inherent dang to me or my hou ulting from the s for any Harnation strongly to the the like Ethat I che inherent dang to me or my hour attentions the strongly to the the like Ethat I to the Federa to the Release at to the Federa	ules, and every of me and my sly and irrevo- action insti- his Competi- oose to gerous risks of rse and for e negligence n caused by encourages se on the attion on the	
OWNER NAME (please print):				VEHICLE:								ENTRY FEES \$				
				WHIP/DRIVER NAME:							Office Fee @ 90 per entry blank \$			\$	90.00	
SIGNATURE:				SIGNATURE:							Processing Fee \$ 5.00					
Address: City, State, ZIP:				Address: City, State, ZIP:							Driving Stall (s) (May 26th-June 2nd) @ \$200					
Phone:				Phone:							Overnight Stall @ \$100 (#)					
EMAIL:				EMAIL:							Circle dates: 5/26, 5/27, 5/28, 5/29					
											AMOUN	NT DUE E	NCLOSED IN FULL:			
DETAILS REGARDING VEHICLE OR BREED OF HORSES/PONIES:				VEHICLE: WHIP/DRIVER NAME: SIGNATURE:							Checks payable to: Devon Horse Show See prize list to complete VISA or MASTERCARD payment form to submit form with entry. US Funds only. Go to www.devonhorseshow.org for additional information and forms. Online entry service available https://entries.showmanagementsystem.com.					
EMERGENCY CONTACT INFORMATION:				Address:							Please list main contact to receive acknowledgement. Provide name, mailing address, phone, and email address (required):					

City, State, ZIP:

EMAIL:

PARENT/GUARDIAN SIGNATURE (if applicable):