	SADDLEBRED/ROADSTER/HACKNEY/HARNESS														
<b>ENTRIES MUST BE POSTMARKED BY MIDNIGHT ON:</b> April 29, 2019	Checks payable a DEVON HORSE P.O. Box 158, De	ARR	IVAL DA	TE:			STABLE WITH (trainer nam								
Horse Name			USEF #	ŧ	Color Sex			Yr Foaled	Yr Foaled Breed/Registry #: O/R/T Breed Membership #:						
CL	ASSES:				•			•							
NAME OF RIDER ONE															
NAME OF RIDER TWO															
agents, I agree that I am subject to the Bylaws and Rules of The Hearing Committee on any question arising under the Rules, and horse I am entering is eligible as entered. I also agree that as a co horse taken during the course of the competition for the promotic cably waive and release any rights in connection with such use, in tuted against the Federation must be filed in New York State. Set tion to the following: I AGREE that the "Federation" and "Comp participate voluntarily in the Competition with my horse, as a rid accident, loss, and serious bodily injury including broken bones, any Harm of any nature caused by me or my horse to others, even of the Federation or the Competition. I AGREE to indemnify (the me or my horse while at the Competition. I have read the Federat me to do so while WARNING that no protective equipment can child's behalf I represent that I have the requisite training, coachino forficial USEF accident/injury report form. By SIGNING BELO acknowledge that my electronic signature shall have the same value of the same	agree to release and hold harmle ndition of and in consideration o n, coverage or benefit of the con neluding any claim to compensat cGR908.4. Federation Release, <i>J</i> etition" as used herein includes et, driver, handler, vaulter, longe head injuries, trauma, pain, suffe i if the Harm arises or results, di i ti s, to pay any losses, damages, ion Rules about protective equip guard against all injuries. If I am ng and abilities to safely compet W, I AGREE to be bound by all	ess the competiti f acceptance of predition, sport, iion, invasion of Assumption of F the Licensee and urr, lessee, owner vring, or death. ( or costs incurre or costs incurre ment, including a parent or guan e in this compet	ion, the Federation, their d entry, the Federation and or the Federation. Those privacy, right of publicit Xisk, Waiver, and Indemn d Competition Manageme er, agent, coach, trainer, o "Harm"). I AGREE to ho tly, from the negligence c d by) the Federation and GR801 and, if applicable rdian of a junior exhibitor tition. I AGREE that if I a ration Rules and all terms	officials, direc or the Compec likenesses sha weights, or to misapp ification This nt, as well as a r as parent or r dl harmless ar f the Federatii the Competitic r, EV114, and I consent to t m injured at the	tors and empl tition may uses ull not be used propriation. Ti document wai all of their off guardian of a d release the on or the Com on and to hold I understand i he child's par his competitio	oyees for an e or assign p to advertise he construct vives importa ficials, office junior exhib Federation a petition. I <i>A</i> t them harm that I am enit ticipation au n, the media	y action taken hotographs, vi e a product anc ion and applic int legal rights srs, directors, o itor. I am fully and the Compa AGREE to exp less with resp titled to wear [ d AGREE to al personnel f	under the Rules, deos, audios, cab they may not be ation of Federatic Read it carefully mployees, agents aware and ackno tition from all cli ressly assume all ect to claims for F protective equipm all of the above p reating my injuric	I represent the le - casts, bro used in such on rules are gg before signin s, personnel, v swledge that I www.edge that I aims for mone risks of Harm larm to me or nent without p rovisions and se may provid	at I am eligib adcasts, inter a way as to ji overned by th ng. I AGREE volunteers an horse sports a ey damages o t to me or my • my horse, au enalty, and I AGREE to a le information	ble to enter an rnet, film, new ecopardize ama- le laws of the E in considerat d Federation a and the Comp or otherwise for y horse, incluund for claims acknowledge assume all of 1 n on my injur	nd/or participate v media or othet ateur status. I h State of New <sup>1</sup> tion for my par affiliates. I AG etition involve ding Harm resu made by others that the Feder: the obligations y and treatmen	e under the R er likenesses uereby express York, and any ticipation in REE that I cl inherent dan me or my he ulting from th s for any Har ation strong! of this Relea t to the Fede	tules, and of me a sly and y action this Co noose to gerous orse and e negli m caus y encous use on t ration of	nd every and my l irrevo- n insti- ompeti- o risks of d for gence sed by irrages he
OWNER USEF #:		RIDER/DR				ENTRY	FEES (No	EES (No Stall Splits)							
SIGNATURE:		RIDER/DRIVER/HANDLER USEF #:						USEF D		\$	S	23.00			
									USEF NonMember Fee @ \$45 Owner/Rider/Trainer						
Owner Name:		Rider/Driver/Handler Name:													5.00
Address:		Address:			Processing Fee           Senior Week Stall @ \$220.00 (#)						5.00				
City, State, ZIP:		City, State,	ZIP:					Senior W	Veek Stall	@ \$220.0	0 (#	)			
Phone: SS#:		Phone:			Fax:			Office F	ee \$90.00				9	S	90.00
EMAIL:		EMAIL:						Overnigl	Overnight Stall @ \$110 circle: 5/28, 5/29, 5/30, 5/31						
		EMAIL:						AMOU	NT DUE E	NCLOSE	D IN FUL	L:			
		ALTERNA	TE PAYEE SS#/Ta	kID:					Checks p	ayable to:	Devon Hor	rse Show, U	S Funds or	nly	
TRAINER USEF #:		 Name:						<ul> <li>See prize list to complete VISA or MASTERCARD</li> <li>payment form and submit form with entry blank.</li> </ul>							
SIGNATURE:		Address:							<ul> <li>payment form and submit form with entry blank.</li> <li>Go to www.devonhorseshow.org for additional information and forms.</li> <li>Online entry service available https://entries.showmanagementsystem.com.</li> <li>Please list main contact to receive correspondence.</li> <li>Provide name, mailing address, and phone, or <u>email address (required)</u>:</li> </ul>						
		COACH NAME (if applicable):													
Trainer Name:		COACH SIGNATURE:													
Address:		EMERGENCY CONTACT INFORMATION:													
City, State, ZIP:															
Phone: Fax:		PARENT/GUARDIAN SIGNATURE (if applicable):													
EMAIL:								_							

**DEVON HORSE SHOW 2019** 

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