

**ENTRY BLANK—DEVON FALL CLASSIC
2019**

**ENTRIES MUST BE POSTMARKED
BY MIDNIGHT ON:
WEDNESDAY, SEPTEMBER 4th, 2019**

MAIL TO:
DEVON HORSE SHOW
P.O. Box 158 , Devon, PA 19333

PAYMENT:
Checks payable to Devon Fall Classic
or send completed credit card application

STABLE WITH (trainer last name):

HORSE NAME:

USEF/USHJA #

COLOR

SEX

HEIGHT

AGE

RIDER #1:

USEF/USHJA #

CLASSES:

RIDER #2:

USEF/USHJA #

CLASSES:

UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) 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. Release, Assumption of Risk, Waiver and Indemnification This document waives import ant 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 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 #: _____
SIGNATURE: _____

Owner Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____ SS# : _____

EMAIL: _____

RIDER ONE USEF #: _____
SIGNATURE: _____

Rider/Handler Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____

EMAIL: _____

TRAINER USEF #: _____
SIGNATURE: _____

Trainer Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____

EMAIL: _____

ALTERNATE PAYEE SS#/TaxID: _____
Name: _____
Address: _____
COACH NAME (if applicable): _____
COACH SIGNATURE: _____
EMERGENCY CONTACT INFORMATION: _____

PARENT/GUARDIAN SIGNATURE (if applicable): _____

RIDER TWO USEF #: _____
SIGNATURE: _____

Rider/Handler Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____

EMAIL: _____

Office fee	\$ 90.00
USEF Drug Fee \$23, USHJA Zone Fee \$7	\$ 30.00
USEF Show Pass \$45 , USHJA Show Pass \$30	
Nomination Fee (as applicable)	\$60.00
Full Week stall	\$185 X _____
Young Jumper stall	\$100 X _____
Ship in fee	\$75 X _____
AMOUNT DUE:	\$ _____