

# DEVON HORSE SHOW 2020

## ENTRY BLANK FOR QUALIFYING HUNTER & JUMPER DIVISIONS

Coggins

**ENTRIES MUST BE POSTMARKED  
BY MIDNIGHT ON:  
March 30, 2020**

**Checks payable and mail with entry to:**  
DEVON HORSE SHOW  
P.O. Box 158 , Devon, PA 19333

**ARRIVAL DATE:**

**STABLE WITH (trainer name only):**

Horse Name	USEF #	Color	Sex	Height	Yr Foaled
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Check Boxes for Sections Entered	Green Conf	High Perf Conf	Green 3'6"	Green 3'9"	High Perf Working	Small Pony	Medium Pony	Large Pony	A-O Htr 3'6" 18-35	A-O Htr 3'6" 36+	A-O Htr 3'3" 18-35	A-O Htr 3'3" 36+	Junior Hunter 15 & U	Junior Hunter 16-17	Children's Jumper	Adult Jumper	Junior Jumper	A-O Jumper	Open Jumper	
Rider 1 Name:													S	S						
Rider 2 Name:													L	L						

**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. I represent that I am eligible to enter and/or participate 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 #: _____ SIGNATURE: _____  Owner Name: _____ Address: _____ City, State, ZIP: _____ Phone: _____ EMAIL: _____	RIDER 1 USEF #: _____ SIGNATURE: _____ (Parent/Guardian if junior) Rider #1 Name: _____ Address: _____ City, State, ZIP: _____ Phone: _____ EMAIL: _____	TRAINER USEF #: _____ SIGNATURE: _____  Trainer Name: _____ Address: _____ City, State, ZIP: _____ Phone: _____ EMAIL: _____
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PRIZE MONEY PAYEE INFORMATION (mandatory):  SS/FED ID #: _____ Name: _____ Address: _____ City, State, ZIP: _____ Phone: _____ EMERGENCY CONTACT _____	RIDER 2 USEF # : _____ SIGNATURE: _____ (Parent/Guardian if junior) Rider #2 Name: _____ Address: _____ City, State, ZIP: _____ Phone: _____ EMAIL: _____	<p><b>\$105 must accompany this form (\$100 Application /\$5 Processing Fee). Enclose check or completed Credit Card Application Form. Do not enclose any entry or stabling fees at this time.</b></p> <p>Invoices will be sent with acceptance letters.                  Online entry service available <a href="https://entries.showmanagementsystem.com">https://entries.showmanagementsystem.com</a> .  <b>A \$25 credit will be given to entries completed in their entirety via the online Show Management System™.</b>  <b>Please list one main contact to receive acknowledgement.                  Provide name, mailing address, and phone or email address (required):</b></p>
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