

BRASS RING @ DEVON 2019

#	Name of Horse	Sex	Color	Height	Horse's Age	PONY SIZE			
						S	M	L	
Name of Rider #1		DIVISION NAME			CLASS NUMBERS				
Name of Rider #2		DIVISION NAME			CLASS NUMBERS				
OWNER		RIDER			TRAINER				
Owner: _____		Rider: _____			Trainer: _____				
Address: _____		Address: _____			Address: _____				
Phone #: _____		Phone #: _____			Phone #: _____				
email: _____		email: _____			email: _____				
PLEASE MAKE CHECKS PAYABLE TO: Three Ring Circus								ENTRY FEES: Devon Grounds Fee \$ 25.00 Stall Fee: _____ X \$90.00 \$ Splits: _____	
By entering this 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 rules and regulations of this Horse Show. I agree to be bound by the rules of the competition. I will accept as final the decision of the Show Committee on any question arising under the Rules, and agree to release and hold harmless the Competition, the 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 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. 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 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 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 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 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 understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the competition 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 competition accident/injury report form. BY SIGNING BELOW, I AGREE to be bound by all applicable Rules and all terms and provisions of this entry blank and all terms and provisions of this Competition's 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								TOTAL DUE \$	
OWNER/AGENT SIGNATURE: _____		RIDER SIGNATURE (or parent of minor): _____			TRAINER SIGNATURE: _____			COACH SIGNATURE: _____	
PRINT: _____		PRINT: _____			PRINT: _____			PRINT: _____	
								fax to: (908)-534-8843 email to: jackkate@aol.com	
								Coggins Vax	

CONTACT INFORMATION: Name: _____ **phone:** _____

Payment: _____