

ENTRY NUMBER \_\_\_\_\_  
Check Number \_\_\_\_\_  
Show Date \_\_\_\_\_



DVHA Member Number \_\_\_\_\_  
Please check two:  
Amateur  Professional   
Senior Member  Junior Member

# DVHA Show Entry Form

**Competitors please note: ALL information MUST be filled in for entry to be accepted.**

*One entry form per competitor • One entry form per discipline*

Competitor \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Town \_\_\_\_\_ State/Zip \_\_\_\_\_

*Fill in classes for as many divisions as entered at this show*

DIVISION ENTERED _____	CLASS NUMBER(S) _____	HORSE NAME _____	FEES _____
DIVISION ENTERED _____	CLASS NUMBER(S) _____	HORSE NAME _____	FEES _____
DIVISION ENTERED _____	CLASS NUMBER(S) _____	HORSE NAME _____	FEES _____
DIVISION ENTERED _____	CLASS NUMBER(S) _____	HORSE NAME _____	FEES _____

EMT FEE per competitor \$5.00

TOTAL CLASS FEES \_\_\_\_\_

I agree to participate willingly in today's competition and I am aware that horse sports and DVHA competitions involve inherent dangerous risks of accident, loss and serious bodily injury. I further agree that I assume all risks of harm to me and my horse(s) including harm resulting from DVHA, which I agree to release from any and all claims for monetary damages. I understand that I am entitled to wear protective equipment without penalty and I acknowledge that DVHA encourages me to, so while warning that no protective equipment can guard against all injuries. If I am a parent, I consent to my child's participation and I agree to these provisions and I agree to assume all the obligations of this release on my child's behalf. By entering today's show I agree to accept the rules of DVHA show management and I will abide with decisions of show management. I also certify that horse I enter are eligible as entered. Warning: Under NJ law and equestrian operator is not liable for an injury to or the death of a participant in equine animal activities pursuant to P.L. 1997, c 287 (C 5:15-1 et seq.)

RIDER/DRIVER/HANDLER  
Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Parents Signature\* \_\_\_\_\_  
Parents Printed Name \_\_\_\_\_

OWNER/AGENT\*\*  
Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
State/Zip \_\_\_\_\_

TRAINER\*\*  
Print Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Trainer USEF# \_\_\_\_\_

\*Required for Juniors

\*\*If not applicable, competitor sign