

ENTRY NUMBER \_\_\_\_\_

Show Date \_\_\_\_\_

DVHA Member Number \_\_\_\_\_

Coggins \_\_\_\_\_ Check Number \_\_\_\_\_



# DVHA Driving Show Entry Form

*One entry form per competitor*

Competitor \_\_\_\_\_ Breed of Horse: \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Town \_\_\_\_\_ State/Zip \_\_\_\_\_

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 \_\_\_\_\_

DIVISION ENTERED \_\_\_\_\_ CLASS NUMBER(S) \_\_\_\_\_ HORSE NAME \_\_\_\_\_ FEES \_\_\_\_\_

EMT FEE per competitor \$5.00

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

**ENTRIES NOT SIGNED WILL NOT BE ACCEPTED. PLEASE READ CAREFULLY AND SIGN IN 3 PLACES.**

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 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