

DELAWARE RIDING CLUB - CHARITY SPRING HORSE SHOW – JUNE 3 – 4, 2017

ONE ENTRY BLANK PER HORSE OR ACADEMY RIDER

OWNER'S NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP: _____
 TELEPHONE: _____
 CELL PHONE: _____
 E-MAIL: _____

DELAWARE COUNTY FAIRGROUNDS

STABLING FEES MUST BE PAID FOR EACH HORSE

Qty.		<<<<	Total Entry Fees
		\$ 30	Camper Fee
		\$ 65	Stall (SHAVINGS ONLY)
		\$ 70	Tack Stalls
		\$ 10	Grounds Fee per Horse (NO STALL)
		\$ 12	Office Fee per Horse or Academy Rider

Make checks payable to:
DELAWARE RIDING CLUB, INC.
 and mail with entries to:
DRC/ Dayne Maple
 15503 US Hwy 23
 Lucasville, OH 45648

	TOTAL REMITTANCE ENCLOSED
--	----------------------------------

(Tie Stalls are no longer available.)

ENTRIES CLOSE MAY 24TH
 Post entries will be \$6.00 per class

HORSE'S NAME	CLASS#	FEE	AGE	RIDER/DRIVER
REGISTRATION # _____				
SEX _____				
HEIGHT _____				
BREED _____				
AGE _____				

RIDER #1				
ADDRESS _____				
CITY _____			STATE _____	
ZIP CODE _____				
UPHA# _____			AGE _____	

RIDER #2				
ADDRESS _____				
CITY _____			STATE _____	
ZIP CODE _____				
UPHA# _____				

TRAINER				
ADDRESS _____				
CITY _____			STATE _____	
ZIP CODE _____				
E-MAIL _____				CELL# _____

DO NOT FAIL TO SIGN THE BACK OF THIS FORM – ENTRIES WILL NOT BE ACCEPTED WITHOUT SIGNATURES

SIGNATURES REQUIRED IN TWO or THREE PLACES (AT X) BELOW

Entries Not Signed Will Not Be Accepted * * Carefully Read This Agreement Before Signing!

EVERY ENTRY AT THE DELAWARE RIDING CLUB SPRING CHARITY HORSE SHOW SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT ALL PARTICIPANTS (WHICH INCLUDE WITHOUT LIMITATION, THE OWNER, LEASEE, TRAINER, MANAGER, AGENT, COACH, DRIVER, RIDER, HANDLER AND THE HORSE) FOR THEMSELVES, THEIR PRINCIPALS, EMPLOYEES, AGENTS AND REPRESENTATIVES SHALL:

- (1) REPRESENT THAT THE INFORMATION CONTAINED IN THIS ENTRY IS TRUE FOR EVERY HORSE, OWNER, RIDER AND HANDLER LISTED;
- (2) AGREE TO BE BOUND BY AND ACCEPT AS FINAL ALL DECISIONS BY THE DELAWARE RIDING CLUB SPRING CHARITY HORSE SHOW, ITS OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS RESPECTING ANY AND ALL QUESTIONS ARISING AS A RESULT OF THE ENTRIES, FEES, COMPETITION, CLASS SCHEDULES, BOX AND TACK STALL ASSIGNMENTS, JUDGES' DECISIONS AND AWARDING OF PRIZES;
- (3) AGREE THAT THEY PARTICIPATE VOLUNTARILY IN THE DELAWARE RIDING CLUB SPRING CHARITY HORSE SHOW COMPETITION WITH FULL AND COMPLETE KNOWLEDGE THAT SAID HORSE SHOW COMPETITION INVOLVES INHERENT AND DANGEROUS RISKS OF SERIOUS INJURY OT DEATH, AND BY PARTICIPATING THEY EXPRESSLY ASSUME ANY AND ALL RISKS OF INJURY AND LOSS, AND THEY AGREE TO INDEMNIFY AND HOLD THE DELAWARE RIDING CLUB, ITS OFFICERS, DIRECTORS AND INDIVIDUAL MEMBERS AND ITS EMPLOYEES AND AGENTS, THE DELAWARE RIDING CLUB SPRING CHARITY HORSE SHOW AND ITS OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS, AND THE DELAWARE COUNTY AGRICULTURAL SOCIETY, ITS OFFICERS, DIRECTORS, AGENTS, EMPLOYEES HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS AND DEMANDS, INCLUDING ANY CLAIMS FOR LOSS, INJURY, OR DEATH SUFFERED DURING OR IN CONNECTION WITH COMPETITION IN THE DELAWARE RIDING CLUB SPRING CHARITY HORSE SHOW, WHETHER OR NOT SUCH LOSS, CLAIM, INJURY OR DEATH RESULTED, DIRECTLY OR INDIRECTLY, FROM THE NEGLIGENT ACTS OR OMISSIONS OF THE SAID DELAWARE RIDING CLUB, ITS OFFICERS, DIRECTORS, AND INDIVIDUAL MEMBERS, THE DELAWARE SPRING CHARITY HORSE SHOW AND ITS OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS, AND THE DELAWARE COUNTY AGRICULTURAL SOCIETY AND ITS OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES.
- (4) AGREE THAT MY PICTURE(S) MAY BE TAKEN AND USED IN PROMOTIONAL MATERIALS INCLUDING, BUT NOT LIMITED TO, WRITTEN PUBLICATIONS AND THE DELAWARE RIDING CLUB WEB SITE (www.delawareridingclub.com)

Signatures below indicate that each of us has read and understands the above

X _____ Trainer's Signature	X _____ Owner's or Agent's Signature	X _____ Parent/Guardian (If exhibitor/rider is under 18)
Print Name: _____	Print Name: _____	Print Name: _____
Street: _____	Street: _____	Street: _____
City/State/Zip _____ / ____ / _____	City/State/Zip _____ / ____ / _____	City/State/Zip _____ / ____ / _____
Telephone: (____) _____ - _____	Telephone: (____) _____ - _____	Telephone: (____) _____ - _____