Entries Close: September 8 th , 2018 Mail to: WECShow Secretary PO Box 122 Wayne, IL 60184	84 th Annual Dunham Woods Horse Show September 16 th , 2018					#			
Checks Payable to: Dunham Woods Horse Show						(Office Use)			
NAME OF HORSE		BREED	COLOR	SEX	HEIGHT AGE	Please st	able with:		
CLASSES/SECTIONS ENTERED	1 st Rider	NAME OF RIDER			AGE	_			
	1 Kider 2 nd Rider					Emergency Name & Contact #:			
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 Competition may use or assign photographs, videos, calles, caste, 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 inrevocably 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 and for the Competition in this Competition to the following: I AGREE that the "Federation" and "Competition" in includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affultaes. I AGREE that the "Headeration" and release the Federation and the Competition in whith scence and advowledge that hores sports and the Competition intom all claims for money damages or otherwise for any Harm to me or my horse and for 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 hold h						#	Stall Fee @\$30 each	\$	
						#	Shavings @ \$8.50	\$	
						#	Trailer-in fee @ \$20 each	\$	
						#	Tailgate Ringside Parking @ \$50	\$	
							Rider 1 Entry Fees	\$	
							Rider 2 Entry Fees	\$	
							Office Fee	\$ <u>18.00</u>	
							USEF Drug/Med Fee	\$ <u>16.00</u>	
							Village of Wayne Fee	\$ <u>12.50</u>	
acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.							Medic Fee	<u>\$8.00</u>	
Trainer's, owner's and rider's signature blanks MUST be signed. If owner/exhibitor is trainer, sign both places. If rider is under 18, parent, guardian, trainer, or agent must sign.						Total Amount Enclosed (Make checks payable to Dunham Woods Horse Show) \$			
Owner/Agent Signature	Trainer Signature Rider 1 Signature					Rider 2 Signature			
Owner's Name	Trainer's Name Rider's Name				Rider's Name				
Address	Address Address				Address				
City	City City				City				
StateZip	StateZipStateZip				StateZip				
Telephone	Telephone Telephone				Telephone				
Owner's USEF #	Trainer's USEF # Rider's USEF #					Rider's USEF #			

Tailgate Ringside Parking Opportunities:

For those who respond promptly, previously occupied spaces will be available.

Tailgate Parking Space\$50

\$_____

____Please re-assign the space I had last year. ____In addition to tailgating, I would like to ____enter my car in the car show.

Please direct questions regarding ringside parking to Mary Pettey at 630-251-3600 or email at marypettey@sbcglobal.net.