



ADS COMBINED DRIVING EVENT ENTRY FORM AND DISCLAIMER

This form is for ADS recognized competitions only. Both pages of this form must be completed and sent to the competition for entry. This form may be printed and then handwritten OR electronically filled in and saved to your computer using Adobe Reader 8.0 or newer. This form is located on www.americandrivingsociety.org THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND WHERE IT IS NOT APPLICABLE, N/A SHOULD BE INSERTED.

COMPETITION NAME: _____ **COMP. DATE:** _____

NAME OF DRIVER: _____ ADS#: _____ JR D.O.B: _____

ADDRESS: _____ CITY/STATE/ZIP _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____ DIVISION: _____ CLASS: (ie Single Horse): _____ LIMITED or OPEN (if offered): _____

Competitive Experience: (list competitions that qualify you for the level you are entering) _____

OWNER: _____

ADDRESS: _____

CELL PHONE: _____ EMAIL: _____

NAVIGATOR: _____

ADDRESS: _____

CELL PHONE: _____ EMAIL: _____

*Wheel width for carriage used in competition **A** (dressage) & **C** (cones): _____ cm

*Wheel width for carriage used in competition **B** (marathon/obstacles): _____ cm

** Article: 918.1.5 The Track Width of all Vehicles is measured at ground level on the widest part of the rear wheels.*

Please attach copies of:

Coggins for each animal (if required by state law)

Proof of Flu/Rhino vaccine for each animal

Measurement Cards for each pony or VSE

ADS Dispensation (if applicable)

Signed ADS Disclaimer Form

NOTE: At all ADS Recognized Events, the driver is required to be an ADS member or pay a non-member fee (\$30 for CDEs, PD Shows, DTs, and CTs offered at those events. \$15 for ATs, DDs, RDs, and CTs offered at those events, or standalone CTs.) Please include your ADS number. You may be required to present your current membership card to the secretary.

Approx. arrival time: _____ # of stalls needed: _____

Please stable near: _____

Special Considerations: _____

Truck/Trailer Length: _____

NAME OF HORSE/PONY	Birth Yr	HEIGHT cm	SEX	COLOR	BREED

Entry Fee: _____ Camping Fees: _____

Stabling Fee: _____ * Driver Non-ADS

Member Fee \$30: _____

Rental Fees: _____

Event Sponsorship: _____

Comp. Party: _____

Other Fees: _____

TOTAL: _____

Separate Checks

Stall Deposit: _____

Other: _____



The American Driving Society, Inc.

DRIVER & NAVIGATOR ADS DISCLAIMER and HOLD HARMLESS AGREEMENT

This form must be signed by every event participant or if a minor, their consenting parent, including each person who rides with a driver on a carriage not only during the actual event but including any time from arrival at the event to departure. I understand and agree that neither The American Driving Society, Inc. ("ADS") and its officers, directors, the driving event ("Event"), judges, officials, workers, volunteers or organizing committee, nor the property owners accept or shall have any responsibility of any nature whatsoever for accidents, damage, injury or illness to the horses, owners, riders, drivers, grooms, passengers, attendants, spectators or any other person or property in connection with this Event.

I hereby expressly agree without any limitation or condition for myself and my principals, representatives, employees, agents and assigns: (1) to be bound by the rules and bylaws of the ADS and any local rules of this Event; (2) that every horse, driver, attendant, groom and/or passenger is eligible as entered; and (3) to accept as final any decision of the Event officials on any question arising under the ADS rules and bylaws or any local rules of this Event. I also agree, without any limitation or condition, to hold the ADS, its officers, directors, employees and agents, and Event judges, officials and organizing committee, harmless from any and all liability, loss, claims or actions, causes of action, judgments or demands of any nature whatsoever. I am fully aware and appreciate that equine sports, including driving in this particular Event involve inherent dangerous risk of serious injury or death. By participating I do so voluntarily and expressly assume any and all risks of injury to me or loss of my horse(s) or equipment. I agree to release and voluntarily waive the right to sue the ADS, its officers, directors, employees, and agents, stewards, Event judges, personnel, volunteers, officials, and organizing committee, including their agents and employees from and against all claims for damages, including money damages, for any action taken or otherwise any harm caused by me or my horse to others, including whether arising from directly or indirectly from the negligence of the ADS or the Event.

I agree to indemnify and hold harmless the ADS its officers, directors, employees, clinicians, members, volunteers, coaches, representatives, assigns, Event judges, officials and organizing committee, their agents and employees from any and all claims for loss or injury caused by me or my horse that occur during or in conjunction with this Event.

I also agree that as a condition of and in consideration of acceptance of entry, the ADS and/or this Event may use or assign photographs, videos, audios, cablecasts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of this Event for the promotion, coverage or benefit of the Event, sport, or the ADS. BY SIGNING BELOW, I AGREE to be bound by all applicable ADS rules and all the terms and conditions of this AGREEMENT.

ALL PEOPLE LISTED BELOW MUST INCLUDE THE NAME AND PHONE NUMBER OF THEIR EMERGENCY CONTACT.

Name and Date of Event: _____ DRIVER Name: _____

DRIVER Signature: _____ Date: _____

(Parent/Guardian must sign if under 18)

Emergency Contact Name & Phone: _____

Groom/Navigator/Passenger/Attendant names, signatures & emergency contact name and phone numbers:

#1 Name: _____ Signature: _____ Date: _____

Emergency Contact Name & Phone: _____

#2 Name: _____ Signature: _____ Date: _____

Emergency Contact Name & Phone: _____

#3 Name: _____ Signature: _____ Date: _____

Emergency Contact Name & Phone: _____

#4 Name: _____ Signature: _____ Date: _____

Emergency Contact Name & Phone: _____

I have an ADS, FEI, or USEF Dispensation Certificate. (Attach a copy)