

MAKE CHECKS PAYABLE AND MAIL TO:
NC State Fair H/J Horse Show
1010 Mail Service Center, Raleigh NC 27699
 Phone (919) 839-4701 | Fax (919) 733-9572

2017 NC STATE FAIR HUNTER & JUMPER HORSE SHOW • Oct. 4-8, 2017

PLEASE ENCLOSE COPIES OF NEGATIVE COGGINS TEST
 FOR ALL HORSES ENTERED. STATE LAW REQUIRES EVERY
 HORSE ON THE GROUNDS (SHOWING OR NOT) TO SHOW
 A CURRENT NEGATIVE TEST IN ORDER TO REMAIN ON
 THE GROUNDS. EACH HORSE MUST BE OFFICIALLY
 ENTERED ON AN ENTRY FORM.

HORSE NAME					USEF #	RIDER 1 NAME	USEF #	NCHJA #	ASPCA #	CLASSES
GREEN	SEX	COLOR	FOAL YEAR	HEIGHT	HORSE NCHJA #	RIDER 2 NAME	USEF #	NCHJA #	ASPCA #	CLASSES

I agree neither the North Carolina State Fair, the North Carolina State Fairgrounds, the State of North Carolina, nor the management, nor the officials and/or staff of the show will be responsible for any accident, damage, loss or injury to mount, owner, rider or other persons or property. It will be the condition of entry that each exhibitor shall hold the horse show and its management blameless for any loss or accident to any animal, person or property that may occur from sickness, fire and otherwise at this show. Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State.

RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION

This document waives important legal rights. Read it carefully before signing. I AGREE in consideration for my participation in this Competition to the following: I AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm"). I AGREE to hold harmless and release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of 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 expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any harm caused by me or my horse while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and, if applicable, EV114 and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition. I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form. BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.
 BOD 1/23/11 Effective 12/1/11

STABLE WITH	ENTRY FEE SUBTOTAL
TRAINER NAME:	# OF STALLS _____ X \$200
ARRIVAL DATE:	JUMPER NOMINATION: \$125
DEPARTURE DATE:	DRUG & USEF FEE: \$16 (D&M=\$8, USEF=\$8) \$16
FEED/BEDDING ORDER	OFFICE FEE: \$40 \$40
SHAVINGS:	USEF SHOW PASS: \$30
HAY:	USHJA ZONE SUPPORT FEE: \$7 \$7
IN CASE OF EMERGENCY	USHJA SHOW PASS: \$30
NAME:	NON-STABLE/GROUNDS FEE: \$50
CELL PHONE #:	NON-SHOWING FEE: \$100
HOTEL NAME:	POST ENTRY FEE: \$40
To avoid the post entry fee, entry blanks must be received by noon on September 30, 2016. Stall fees or open check must accompany entry. Stall reservations may be made at (919) 839-4701 or sheri.bridges@ncagr.gov.	AMOUNT ENCLOSED TOTAL (SIGNED OPEN CHECK OR FULL PAYMENT REQUIRED)

X	X	X	X
OWNER SIGNATURE (PARENT/GUARDIAN/TRAINER IF UNDER 18)	TRAINER SIGNATURE (PARENT/GUARDIAN/TRAINER IF UNDER 18)	RIDER 1 SIGNATURE (PARENT/GUARDIAN/TRAINER IF UNDER 18)	RIDER 2 SIGNATURE (PARENT/GUARDIAN/TRAINER IF UNDER 18)
NAME:	NAME:	NAME:	NAME:
USEF #:	USEF #:	USEF #:	USEF #:
STREET:	STREET:	STREET:	STREET:
CITY/ST/ZIP:	CITY/ST/ZIP:	CITY/ST/ZIP:	CITY/ST/ZIP:
CELL PHONE:	CELL PHONE:	CELL PHONE:	CELL PHONE:
EMAIL:	EMAIL:	EMAIL:	EMAIL:
SS #:	SS #:	SS #:	SS #:

PERSON RESPONSIBLE FOR ACCOUNT		OFFICE USE ONLY	
(Person to receive premium check, passes and correspondence. Must be 18 or older to sign. Must have Social Security number to issue check.)			
Name:	Signature (Mandatory):	DATE RECEIVED:	RECEIPT #:
Address:	SS #:	AMOUNT:	CHECK #:
Cell Phone:	Email:		

COACH NAME:	COACH SIGNATURE:	USEF #:
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