

# NC State 4-H Horse Show General Entry Form JB Hunt, Jr. Horse Complex, State Fairgrounds, Raleigh, NC July 6-10, 2022

(office use only)

		10, 2022	
□JR □SR □Rook	ie W/T   Little Britches	Short Stirrup   Long Stirr	up XAdaptive   Cloverbud
Exhibitor's Horse's			
Name:     Name:       (The horse's name must match on the Coggins Test and Eligibility Card)			
Adap	tive	<b>a</b> .	
Division (s:	(Hunter Horse, Little Britches, Speed Events, etc.)	(Where you are enroll	ed as a 4-H horse program member for the current year)
Address: Phone No: ( )			
Email	(Street, town, zip)		
Address:		Age:	Birthdate:
Pony Height:			
(Only record if you have a permanent card attached) Hands Separate Dressage Entry Submitted: (Enter Dressage Classes on the separate, Dressage entry form) IYes INO			
I certify that the individual and horse listed above have met all of the requirements necessary to participate in the NC State 4-H Horse Show.			
Lori L. astrond			
(Signature: Qualifying Horse Show Secretary or Chairperson)			
Please circle all the classes you wish to enter. Consult the NC 4-H Horse Program Rules and Regulations Manual and the footnotes on			
	ou are entering the correct classes. P		
Junior Speed Events 2 4 6 8	Senior Speed Events 10 3 5 7 9 11	Stock Type Hunter	Rookie Hunter Walk/Trot 86 84 91 92 93
Junior Hunter Horse	Senior Hunter Horse	Long Stirrup	Short Stirrup
27 43 or 79 44 or 8			12 22 37 38 39
78 97 98 9	99 81 94 95 96	88 89 90	85 86 87
Junior Hunter Pony	Senior Hunter Pony	Little Britches	Western Pony
26 72 73 7 103 104 105	74 28 75 76 77 100 101 102	57 60 64 66	67 55 63 71 127 134 130* or 131* 132 or 133
Junior Western Horse	Senior Western Horse	Junior Ranch	Senior Ranch
	28 54 59 69 129	124 126 14	
130* or 131* 132 1	34 130* or 131* 133 134	143 145 14	7 142 144 146
Junior Non Trotting	Senior Non Trotting	Adaptive (No entry fee)	Versatility Medal Class
108 110 or 112 11 115 or 116 or 117 11			16         (\$24 entry fee)         (must qualify to enter)           21         83 (SR)         139 (JR)         45(H)         135 (W/R)
115 or 116 or 117       118       115 or 116 or 117       119       17       18       19       20       21       83 (SR)       139 (JR)       45(H)       135 (W/R)         Cloverbud (No entry fee. Enter Dressage on Dressage Form)       In Hand or Halter/Pleasure Pairs/Costume			
1 30 32 33	58 61 62 68 136	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	82 106 107 137 138
IMPORTANT: PLEASE BE SURE TO READ AND SIGN THE BACK OF THIS FORM! All entries must be accompanied with the following items to be accepted by show			
management. If any item is missing, the entry will be <u>returned to sender</u> . 1. Copy of current 12 month negative <u>Coggins Test</u> for Equine Infectious Anemia (current through last day of show) (Horse's name must match that on entry form).			
2. Copy (not original) of 2022 NC 4-H Horse Program Eligibility Card with all completed signatures.			
Note: The horse's name must be the same on all components of the entry including Entry Form, Eligibility Card and Coggins Test. COMPLETED ENTRY FORMS AND FEES MUST REACH THE EXTENSION HORSE HUSBANDRY OFFICE POST-MARKED NO LATER THAN 10 days after your qualifying show.			
Mail entries to: Extension Horse Husbandry, State 4-H Horse Show, NCSU, Box 7621, Raleigh, NC 27695. Office phone: (919) 515-5784 Full service camper hook ups are available on a first come basis. Fees are collected by Fairgrounds personnel on a nightly basis (\$30.00/night). Reservations not accepted.			
	ble on a first come basis. Fees are collected by Fairgr # of classes entered x \$12		ntry fee
CLASS ENTRY FEES	Versatility class (#83 or #139) \$24		,
	\$6.00 <b>per horse</b> (If shown by more than 1 exhibitor only has to be paid once.)		
ADMINISTRATIVE FEES STALL FEES			
the flags v \$7.50 (Shavings are not included with the stall fee. Additional			\$
			\$
SUBTOTAL OF SHOW FEES	Add all fees above		\$
Total of sponsorships collected \$X 20%= \$ off show fees			
SPONSORSHIP CREDIT	Please include sponsorships and pay		nline payments, \$-
provided a copy of the email confirmation. SUBTOTAL – 20% of SPONSORSHIPS COLLECTED.			
SUBIOTAL - 20% of SPONSORSHIPS COLLECTED.TOTAL SHOW FEESFor entries, make checks payable to NCSU (Please be sure to read and sign page 2 of \$			sign page 2 of <b>\$</b>
	this form!) <i>Please do not staple che</i>		G F · U T

# WARNING

Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury or death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

# LIABILITY WAIVER, ASSUMPTION OF THE RISK, PHOTO RELEASE AND INDEMNIFICATION AGREEMENT

In consideration for being allowed by NC State to participate, which includes but is not limited to being an active participant or spectator, in the 4-H Horse Show Program (hereinafter "Program") the undersigned custodial parent/guardian agrees as follows:

I do hereby affirm and acknowledge that me and/or my child are participating in the Program for my and/or his/her own personal benefit, and that I am, and my child has been, fully informed of the inherent hazards and risk to me and them associated with this activity including property damage, health risks, falls, and other personal injuries, up to and including death. I accept and assume responsibility for all risks, known and unknown, involved to me and/or my child and my and/or their property in the aforementioned activity, and I voluntarily authorize my and/or my child's participation in reliance upon my own judgment and knowledge of my and/or child's experience and capabilities.

I understand that the determination of my child's ability to participate in the Program should be made by my child's physician if necessary, including being found by such physician to be in good health and fully able to perform all activities associated with the Program. I understand that I need the approval of a physician if I am uncertain as to his/her physical fitness for the rigors of this Program. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my child's condition before being allowed to participate in the Program. In addition, I give permission to any doctor, hospital, or other medical facility to release confidentially to the treating physician(s) for my child any information they may have concerning my medical condition(s) and their professional contact with him/her for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for my child's benefit. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical problems my child may suffer is my responsibility and will be paid by me and/or covered by my insurance.

I shall indemnify and hold harmless NC State, its trustees, officers, employees and agents from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising from or proximately caused by my child's participation in this Program. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

I do hereby agree to allow my child to be photographed, audio or videotaped by the Program. I further agree that my child's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including posting on the Internet. I agree that the use herein may be without compensation to me or my child. I hereby waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with them now or in the future. I am expressly releasing NC State, its agents, employees, licensees and assigns from any and all claims which I may have for invasion of my or my child's privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

### I HAVE READ THIS AGREEMENT, I UNDERSTAND IT AND

### I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_\_