



**NC State 4-H Horse Show Alumni Showmanship Class**  
*(Benefitting the NC 4-H Horse Program)*

Entry #

(office use only)

**Entry Form**

**JB Hunt, Jr. Horse Complex, State Fairgrounds, Raleigh, NC**

**July 8, 2023 (Evening Program)**

**4-H Alumni**

**Exhibitor's**

**Name:**

**Horse's**

**Name:**

*(The horse must already be on the grounds and participating in the show)*

**County:**

**Years of 4-H**

**participation:**

*(Where you were enrolled as a 4-H program member)*

*(For example: 1987-1992)*

**Name of**

**former**

**4-H Club:**

**Address:**

**Phone No:**

**(    )**

*(Street, town, zip)*

**Email**

**Address:**

*(Please print clearly)*

**Alumni Showmanship Class Details**

- Open to any 4-H Alumni *(former member of any state or program)*
- Not eligible for any other class
- Must use a horse already on the show grounds that is participating in the show
- The same horse may be shown by no more than 2 different exhibitors (they will be separated in the order of go)
- \$50 entry fee, but alumni exhibiting are encouraged to be sponsored by clubs and donate more than the entry fee
- The class will be judged according to the *North Carolina 4-H Horse Program Rules and Regulations Manual* Showmanship Rules. Although not required, exhibitors are encouraged to wear show attire or a costume (fun but safe attire).
- The pattern will be posted at 3:00 PM on July 8 and copies will be available in the show office
- Exhibitors will be placed 1<sup>st</sup>-10<sup>th</sup>
- There will be special recognition for the exhibitor with the highest level of sponsorship
- **Entry forms and sponsorship money are due in the show office by 3:00 PM on Friday, July 7**
- **Back numbers will be assigned and given when the entry is turned in.**

**IMPORTANT: PLEASE BE SURE TO READ AND SIGN THE BACK OF THIS FORM!**

**CLASS ENTRY FEE**

Minimum \$50 sponsorship *(please enter the total sponsorship amount)* Make checks payable to: *NC 4-H Horse Emergency Fund*

**\$**

Entry forms and fees can be submitted at the show (by 3:00 PM July 7) or pre entries can be mailed to:  
**Extension Horse Husbandry, State 4-H Horse Show, NCSU, Box 7621, Raleigh, NC 27695**

### 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 I am participating in the Program for my own personal benefit, and that I am 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 my property in the aforementioned activity, and I voluntarily authorize my participation in reliance upon my own judgment and knowledge of my experience and capabilities.

I understand that the determination of my ability to participate in the Program should be made by my 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 my 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 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 myself 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 benefit. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical problems I 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 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 myself to be photographed, audio or videotaped by the Program. I further agree that my 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. 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 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 Exhibitor: \_\_\_\_\_ Date: \_\_\_\_\_

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