

NC State 4-H Horse Show General Entry Form JB Hunt, Jr. Horse Complex, State Fairgrounds, Raleigh, NC July 5-9, 2023

Entry #

(office use only)

□JR □SR □Rookie W	I/T □Little Britches □Sh	ort Stirrup Long Stirrup		
Exhibitor's	1/1 Dittle Britches Di	Horse's	Adaptive McIoverbuu	
Name:		Name:		
(The horse's name must match on the Coggins Test and Eligibility Card)				
Division(s):	unter Horse, Little Britches, Speed Events, etc.)	County:	4-H horse program member for the current year)	
(1)	unter Horse, Little Britches, Speed Events, etc.,	(where you are emolied as a	+-inforse program member for the current year)	
Address:		PI	none No: ()	
	(Street, town, zip)			
Email Address:		Ago:	Birthdate:	
Address.	(Please print clearly)	Age: (as of 1/1/23)	Jitiluate.	
Pony Height: Separate Dressage Entry Submitted:				
(Only record if you have a permanent card attached) Hands (Enter Dressage Classes on the separate, Dressage entry form) 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.			
	(Signature: Qualifying Horse Sh			
Did this have a /vider combination of	ualify for a medal class? No \(\text{ Yes} \(\text{ Circle} \)	• • •	Show Socratory places initial	
	to enter. Consult the NC 4-H Horse Pro			
•	the correct classes. Please note: Classes 47-5	-		
Junior Speed Events	Senior Speed Events	Stock Type Hunter	Rookie Hunter Walk/Trot	
2 4 6 8 10	3 5 7 9 11	31 34 35 36	82 89 90 91	
Junior Hunter Horse	Senior Hunter Horse	Long Stirrup	Short Stirrup	
27 44 or 77 45 or 78	29 44 or 77 45 or 78	25 41 42 43	22 37 38 39	
76 95 96 97	79 92 93 94	86 87 88	83 84 85	
Junior Hunter Pony	Senior Hunter Pony	Little Britches	Adaptive (No entry fee)	
26 70 71 72 101 102 103	28 73 74 75 98 99 100	57 60 63 65 66	12 13 14 15 16 17 18 19 20 21	
Junior Western Horse & Pony	Senior Western Horse & Pony	Junior Ranch	Senior Ranch	
56 64 69 118	55 59 68 119	115 117 134	114 116 133	
120* or 121* 122 124	120* or 121* 123 124	136 138 140	135 137 139	
Non Trotting Junior & Senior	Cloverbud	Non Point Classes*	Versatility Medal Class	
106 107 or 108 109	(No entry fee. Enter Dressage on Dressage Form) 1 30 32 33 58	23 24 40 53 54	(\$24 entry fee) (must qualify to enter)	
110 or 111 or 112 113	61 62 67 129	80 104 105 130 131	81 (SR) 132 (JR) 46(H) 128 (W/R)	
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 returned to sender. 1. Copy of current 12 month negative Coggins Test for Equine Infectious Anemia (current through last day of show) (Horse's name must match that on entry form).				
	se Program Eligibility Card with all complete		ne must match that on entry form).	
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.				
CLASS ENTRY FEES	# of classes entered x \$1.		,	
DRUG/SHOW	Versatility class (#81 or #132) \$24	1.00 Adaptive classes-no entry	/ ree	
ADMINISTRATIVE FEES	\$6.00 per horse (If shown by more	than 1 exhibitor only has to be paid	once.) \$	
STALL FEES	# of stalls x \$65.00 (Ho	rse & Tack Stalls)	\$	
NON STABLING FEE		ering/Grounds fee (if not getting a st		
SHAVINGS FEES	# of hags v \$7.50 (Shavings are not included with the stall fee			
SHAVINGS FEES	Additional shavings can be purchased on the grounds.)			
SUBTOTAL OF SHOW FEES	Add all fees above		\$	
	Total of sponsorships collected \$		off show fees	
SPONSORSHIP CREDIT	Please include sponsorships and payments copy of the email confirmation.	with your entry form. For online payment.	s, provided a \$-	
SUBTOTAL – 20% of SPONSORSHIPS COLLECTED.				
TOTAL SHOW FEES	For entries, make checks payable to		sign page 2 of \$	
	this form!) Please do not staple che			

NOTICES and WAIVERS:

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:	Date:
Printed Name:	
Printed Name of Child:	