NC State 4-H Horse Show General Entry Form
JB Hunt, Jr. Horse Complex, State Fairgrounds, Raleigh, NC
July 5-9, 2017

Entry # _____ (office use only)

☐JR ☐SR ☐Little Britches ☐Short Stirrup ☒Adaptive ☐Cloverbud

Exhibitor's Name: _____ **Horse's Name:** _____
(The horse's name must match on the Coggins Test and Eligibility Card)

Division (s) Qualified: ADAPTIVE
(Hunter Horse, Little Britches, Speed Events, etc.)

County: _____
(Where you are enrolled as a 4-H horse program member for the current year)

Address: _____ **Phone No:** ( )
(Street, town, zip)

Email Address: _____ **Age:** _____ **Birthdate:** _____
(Please print clearly) (as of 1/1/17)

Horse/Pony's Height: _____ Hands **Separate Dressage Entry Submitted:** ☐Yes ☐No
(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.

_____
(Signature: Qualifying Show Chairman or Secretary)

Please circle all the classes you wish to enter. Consult the *NC 4-H Horse Program Rules and Regulations Manual* and the footnotes on the class list to be sure you are entering the correct classes.

Please note: Classes 33-36 and 133-141 are Dressage Division Classes- See Dressage Entry Form

Restricted Working Hunter and Equitation Over Fences (62, 63, 64, 65) do not count towards Champion. Cannot cross enter between Restricted and Regular Working Hunter.

Adaptive	Junior Speed Events	Senior Speed Events	Short Stirrup
1 2 3 4 5	11 13 15 17 19	12 14 16 18 20	21 37 38 39 74
6 7 8 9 10			75 76
Junior Hunter Horse	**Junior Hunter Pony**	**Senior Hunter Horse**	**Senior Hunter Pony**
25 62 64 66 67	24 40 41 42 62	27 63 65 69 70	26 43 44 45 63
68 80 81 82	64 86 87 88	71 77 78 79	65 83 84 85
Junior Western Horse	**Senior Western Horse**	**Little Britches**	**Western Pony**
32 56 60 90 123	30 50 59 89 124	48 51 55 57 61	31 53 59 or 60 91 122
126 or 127 128 130	126 or 127 129 130		126 or 127 128 or 129 130
Saddleseat	**Junior Non Trotting**	**Senior Non Trotting**	**Invitational**
96 99 101 103 105	97 100 or 104 106 110	98 102 or 104 108 110	22 23 28 29 72 93
107 109 113	111 112 114	111 112 115	94 95 117 118 119 120
Versatility ($24 entry fee)	**Cloverbud** (no entry fee)	**Ranch**	**Medal Class** (must qualify to enter)
73 (Sr) 121 (Jr)	49 52 54	47 58 92 125 131 132	46 (Hunt Seat) 116 (Western)

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 *Notarized* Medical Release Form (2 pages) for current year which is on file with your county agent for 2017.
2. 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).
3. Copy of 2017 NC 4-H Horse Program Eligibility Card.

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 RESPECTIVE QUALIFYING SHOW DATE TO BE ACCEPTED. NO ENTRIES WILL BE ACCEPTED postmarked 11 days after your qualifying show date.

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 $12.00 Versatility class (#73 or #121) $24.00	$
DRUG/SHOW 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 (Horse & Tack Stalls)	$
SHAVINGS FEES	# of bags _____ x $6.50 (Shavings are not included with the stall fee. Additional shavings can be purchased on the grounds.)	$
TOTAL SHOW FEES	Make checks payable to NCSU	$

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: _____