



NC State 4-H Horse Show General Entry Form
JB Hunt, Jr. Horse Complex, State Fairgrounds, Raleigh, NC
July 10-14, 2024

Entry #

<small>(office use only)</small>

JR
 SR
 Rookie W/T
 Little Britches
 Short Stirrup
 Long Stirrup
 Adaptive
 Cloverbud

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

Division(s): 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 1/1/24)

Pony Height: _____
Separate Dressage Entry Submitted:
 Yes
 No
(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. Strand

(Signature: Qualifying Horse Show Secretary or Chairperson)

Did this horse/rider combination qualify for a medal class? No Yes Circle which one: Hunt Seat Horsemanship (Show Secretary please initial: _____)

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 47-52, 125-127, and 141-146 are Dressage Division Classes- See Dressage Entry Form*

Junior Speed Events 2 4 6 8 10	Senior Speed Events 3 5 7 9 11	Stock Type Hunter 31 34 35 36	Rookie Hunter Walk/Trot 82 89 90 91
Junior Hunter Horse 27 44 or 77 45 or 78 76 95 96 97	Senior Hunter Horse 29 44 or 77 45 or 78 79 92 93 94	Long Stirrup 25 41 42 43 86 87 88	Short Stirrup 22 37 38 39 83 84 85
Junior Hunter Pony 26 70 71 72 101 102 103	Senior Hunter Pony 28 73 74 75 98 99 100	Little Britches 57 60 63 65 66	Adaptive (No entry fee) 12 13 14 15 16 17 18 19 20 21
Junior Western Horse & Pony 56 64 69 122 124* or 125* 126 128	Senior Western Horse & Pony 55 59 68 123 124* or 125* 127 128	Junior Ranch 119 121 138 140 142 144	Senior Ranch 118 120 137 139 141 143
Junior Non Trotting 107 109 or 110 112 113 or 114 or 115 117	Senior Non Trotting 106 108 or 110 111 113 or 114 or 115 116	Non Point Classes* 23 24 40 53 54 80 104 105 134 135	Versatility Medal Class ((\$24 entry fee) (must qualify to enter) 81 (SR) 136 (JR) 46(H) 132 (W/R)
1	30	32 33 58	61 62 67 136

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.

- 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).
 - Copy (not original) of 2024 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 15 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 by reservation (\$35.00/night). See the NC State 4-H Horse Show Webpage for the link to make a reservation.

CLASS ENTRY FEES	# of classes entered _____ x \$12.00 Cloverbud classes-no entry fee Versatility class (#81 or #136) \$24.00 Adaptive classes-no entry fee	\$
DRUG/SHOW ADMINISTRATIVE FEES	\$6.00 <u>per horse</u> (If shown by more than 1 exhibitor only has to be paid once.)	\$
STALL FEES	# of stalls _____ x \$65.00 (Horse & Tack Stalls)	\$
NON STABLING FEE	# of days _____ x \$5.00 Trailering/Grounds fee (if not getting a stall)	\$
SHAVINGS FEES	# of bags _____ x \$8.00 (Shavings are not included with the stall fee. Additional shavings can be purchased on the grounds.)	\$
SUBTOTAL OF SHOW FEES	Add all fees above	\$
SPONSORSHIP CREDIT	Total of sponsorships collected \$ _____ X 20%= \$ _____ off show fees <i>Please include sponsorships and payments with your entry form. For online payments, provided a copy of the email confirmation.</i>	\$-
TOTAL SHOW FEES	SUBTOTAL – 20% of SPONSORSHIPS COLLECTED. For entries, make checks payable to NCSU (Please be sure to read and sign page 2 of this form!) Please do not staple checks to forms.	\$

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: _____