

**CHECKS TO COVER ALL FEES
ENTRIES CLOSE JUNE 25, 2010**

ENTRY FEES AND STALL FEES MUST ACCOMPANY ENTRY BLANK

SEVENTEENTH ANNUAL BLUE RIDGE CLASSIC HORSE SHOW

WNC Agricultural Center, Fletcher, NC

SHOW DATES: July 27-31, 2010

Liz Holmes, Show Manager
Joyce Wilson, Show Secretary

C	Do Not Use This Space	Name of Horse Class Number Under Name	Total Entrance	Card Measure	Color	Sex	Height	Year Foaled	Reg. #	USEF HORSE ID#	EXHIBITOR (If more than one rider, specify rider and class) (If equitation - give complete address of rider)	Exhibitor USEF #	Jr. Exhibitor DOB	OWNER	
														Name _____	Farm ID # _____
														Name _____	USEF # _____
														Street _____	ASHA # _____
														City _____	State _____ Zip _____
														Name _____	USEF # _____
														Street _____	ASHA # _____
														City _____	State _____ Zip _____
														Name _____	USEF # _____
														Street _____	ASHA # _____
														City _____	State _____ Zip _____

(Entries wishing to stall together must be mailed in the same envelope. Arrival date/time must be listed.)

STALL WITH....	TOTAL ENTRY FEES	DO NOT USE THIS SPACE
___ Permanent Stalls	@ \$ 100.00	
___ Stalls for early arrivals	@ \$ 15.00	
___ Pre-Bedded Stalls (per stall)	@ \$ 10.00	
___ Grounds Fee (non stabled horses/day)	@ \$ 25.00	
___ USEF Fee (Drug & Medication \$7.00) (USEF -\$8.00)	@ \$ 15.00	
___ USEF Non- Member Fee Sr. or Jr.	@ \$ 30.00	
___ Exhibitor Fee - Per Horse - non refundable	@ \$ 20.00	
___ Post entries - Per Horse - non refundable	@ \$ 25.00	
___ Bag Shavings	@ \$ 6.50	
___ # of Campers per day/night	@ \$ 30.00	
Arriving _____ Departing _____		
___ Incomplete Paperwork Penalty (per horse)	@ \$ 15.00	
OPEN CHECK POLICY	TOTAL AMOUNT DUE	
WILL PREVAIL	AMOUNT OF CHECK	

MAIL PREMIUM CHECKS AND/OR REFUNDS TO :

(If you want Premium Checks to go to different owners, you **MUST** fill out a separate entry blank for each owner and list their name & information below.)

Print Name _____

Address _____ City _____ State _____ Zip _____

Tel. No. _____

Email _____ Emergency Contact: Name _____

Telephone _____

Will only be used for horse show. (Please Print)

For Office Use Only

US Postal Date _____

Check # _____

Receipt # _____

Amount \$ _____

DO NOT MAIL AFTER JULY 5TH. To ensure receipt of entries after this date, contact Liz Holmes @ 919-672-3741 for instructions.

**CHECKS TO COVER ALL FEES
MUST ACCOMPANY ENTRIES**

NO INITIAL BEDDING SUPPLIED

**STALLS AVAILABLE FOR
OCCUPANCY
SUNDAY, JULY 25, 2010
8:00 AM**

Make checks payable and mail to:

**BLUE RIDGE CLASSIC
c/o Joyce Wilson
7934 Old Bunch Rd.
Zebulon, N.C. 27597**

Please READ information on the REVERSE SIDE, fill in the blanks and sign.

WILL ARRIVE _____ . WILL STAY AT _____ hotel.

INDICATE DATE/TIME AM OR PM

Please list hotel and number of rooms above which help our exhibitors get better room rates.

Office Notes

BLUE RIDGE CLASSIC HORSE SHOW • JULY 27-31, 2010

I AGREE NEITHER THE BLUE RIDGE CLASSIC HORSE SHOW, THE WESTERN NC AGRICULTURAL CENTER, THE STATE OF NORTH CAROLINA, NOR THE MANAGEMENT, NOR THE OFFICIALS OF THE SHOW WILL BE RESPONSIBLE FOR ANY ACCIDENT, DAMAGE, LOSS OR INJURY TO MOUNT, OWNER, RIDER OR OTHER PERSONS OR PROPERTY. IT WILL BE THE CONDITION OF ENTRY THAT EACH EXHIBITOR SHALL HOLD THE HORSE SHOW AND ITS MANAGEMENT BLAMELESS FOR ANY LOSS OR ACCIDENT TO ANY ANIMAL, PERSON OR PROPERTY THAT MAY OCCUR FROM SICKNESS, FIRE AND OTHERWISE AT THIS SHOW. UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES.

PLEASE enclose copies of Negative Coggins Test for all horses entered. STATE LAW requires EVERY HORSE ON THE GROUNDS (SHOWING OR NOT SHOWING) TO SHOW A CURRENT NEG TEST IN ORDER TO REMAIN ON THE GROUNDS. EACH HORSE MUST BE OFFICIALLY ENTERED ON AN ENTRY FORM. STALL FEES DUE WITH ENTRY FORM TO GUARANTEE RESERVATION.

“ I further agree that if any damage shall be occasioned or loss occur, by fire or otherwise, to the horses exhibited, or to any vehicle or other article that I may send with such horses that I will make no negligence or the persons in charge of such horses and to repay this show, on demand, all damages it may sustain by reason of any claim or demand as aforesaid.”

United States Equestrian Federation, Inc. Entry Agreement

I have read the United States Equestrian Federation, Inc. (the “Federation”) Entry Agreement (GR1502.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State.

USEF Release, Assumption of Risk, Waiver, and Indemnification

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition Blowing Rock Classic Horse Show, to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”).

I AGREE to release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Federation or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition. I have read the Federation Rules about protective equipment, including GR801 and EV114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, I consent to the child’s participation and AGREE to assume all of the obligations of this Release on the child’s behalf.

I AGREE that “the Federation” and “Competition” as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

X _____
Rider, Driver or Handler Signature (ADULT ONLY)
If minor, parent/guardian
Name _____
Street _____
City _____
State _____ Zip _____
Telephone () _____
Exhibitor’s USEF# _____
Exhibitor’s UPHA # _____
US Citizen: Yes or No - circle one
If more than one, attach signed copy of this page

X _____
Trainer’s Signature (ADULT ONLY)
If minor, parent/guardian
Name _____
Street _____
City _____
State _____ Zip _____
Telephone () _____
Trainer’s USEF # _____
Trainer’s UPHA # _____
Trainer’s ASHA # _____
If more than one, attach signed copy of this page

X _____
Owner or Agent’s Signature (ADULT ONLY)
If minor, parent/guardian
Name _____
Street _____
City _____
State _____ Zip _____
Telephone () _____
Owner’s USEF # _____
Owner’s UPHA # _____
Owner’s ASHA # _____
If more than one, attach signed copy of this page

X _____
Coach Signature (ADULT ONLY)
(Parent/guardian, if under 18, or if not available, trainer must sign)
Name _____
USEF # _____
If more than one, attach signed copy of this page