

CENTRAL STATES BENEFIT HORSE SHOW

July 22-24, 2010—HALE ARENA; American Royal Complex—Kansas City, MO

ONE OWNER PER ENTRY BLANK PLEASE—ENTRIES DUE JULY 8, 2010

Owner Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone # _____
 E-Mail _____
 Owner/Agent Signature _____

Trainer Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone # _____
 E-Mail _____
 Trainer Signature _____

I hereby enter the horses and riders at my own risk and understand that they are subject to the rules and regulations of the show. I further agree that if any damage is occasioned or loss occurs to the horses exhibited, to any vehicle or other articles which I may send with said horses, I will make no claim therefore against the Central States Benefit Horse Show or any participating organizations.

	HORSE NAME	REG #	COLOR	SEX	HEIGHT	YR BORN	BREED	ENTRY FEES
	Rider/Driver/Handler	Jr. Ex. DOB	Class	Class	Class	Class	Class	\$
RIDER SIGNATURE (if minor, please have parent/agent sign release form on back)			Entry Fee	Entry Fee	Entry Fee	Entry Fee	Entry Fee	

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Mail entries to:
Kelly McFaul
 206 S Lark Ln
 Wichita, KS 67209
 316-650-2287
 316-462-0883 fax

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ENTRY FEES:	
Academy	\$15
Regular Classes	\$20
Championship Classes	\$25

TOTAL ENTRY FEES	\$ _____
_____ Stalls @ \$85	\$ _____
_____ Office Fee @ \$15 per entry	\$ _____
_____ Shavings @ \$8.50 per bag	\$ _____
_____ Camper Hookup @\$15 per night	\$ _____
_____ Sponsorships & Ads	\$ _____
TOTAL FEES ENCLOSED	\$ _____

Stable With (must appear on both entry forms):

Emergency Contact # _____

Make Checks payable to:
CENTRAL STATES BENEFIT HORSE SHOW

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July 22-24, 2010—Hale Arena Kansas City, MO

www.csbhs.org

RELEASE FORM

Please read carefully before signing.

Parent/Guardian: Please fill out and bring to the Central States Horse Show with you.

I grant _____ my permission to participate in a horseback riding activity on July 22-24, 2010 at The American Royal Complex, Kansas City, MO.

WARNING

Under Missouri law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the revised statutes of Missouri.

I acknowledge that horseback riding is a dangerous activity and involves numerous obvious and non-obvious inherent risks that may cause serious injury, and in some cases, death because of the unpredictable nature and irrational behavior of horses regardless of their training and past performance. I acknowledge that a horse may, without warning or any apparent cause, buck, fall, stumble, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person; saddles or bridles may loosen or break - all of which may cause the rider to fall or be jolted, resulting in serious injury or death. I certify that the participant is fully capable of participating in this activity and acknowledge that the participant voluntarily assumes the risk and danger of injury or death inherent in the use of the horses, equipment and gear provided to the participant for this activity. In consideration of the Central States Benefit Show and The American Royal Complex, providing for and permitting the above participant to participate in this activity, the undersigned parent or guardian agrees to hold harmless and release the Central States Benefit Show, The American Royal Complex, Lynn McCallister, their agents, employees, officers, volunteers, and affiliated organizations for any loss, legal liability, damages or costs whatsoever arising out of or related to any loss, damage or injury (including death) to the above participant, including all medical expenses, in participating in this activity. The undersigned expressly agrees that the foregoing release and waiver of liability is governed by the State of Missouri and is intended to be as broad and inclusive as is permitted by Missouri law, and that in the event any portion of this release is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of this release shall not be affected or impaired in any way and shall continue in full legal force and effect. I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A PROMISE NOT TO SUE AND A RELEASE OF ALL CLAIMS. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO RECOVER DAMAGES AGAINST CENTRAL STATES BENEFIT HORSE SHOW, THE AMERICAN ROYAL COMPLEX AND LYNN MCCALLISTER, IN CASE OF INJURY OR DEATH OF THE ABOVE PARTICIPANT.

Signature of Parent or Guardian Date

for _____

Name of Rider (please print)