

# CENTRAL STATES BENEFIT HORSE SHOW

July 20-22, 2017—HALE ARENA; American Royal Complex—Kansas City, MO

**ONE OWNER PER ENTRY BLANK PLEASE—ENTRIES DUE JULY 3, 2017**

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	

HORSE NAME	REG #	COLOR	SEX	HEIGHT	YR BORN	BREED	ENTRY FEES
Rider/Driver/Handler	Jr. Ex. DOB	Class	Class	Class	Class	Class	\$
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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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<b>ENTRY FEES:</b>	
Academy	\$35
Regular Classes	\$40
Championship Classes	\$45

TOTAL ENTRY FEES	\$ _____
_____ Stalls @ \$145 (no jumpouts)	\$ _____
_____ Office Fee @ \$25 per entry	\$ _____
_____ Shavings @ \$10 per bag*	\$ _____
_____ Ringside Tables @ \$100 each	\$ _____
_____ Sponsorships & Ads	\$ _____
<b>TOTAL FEES ENCLOSED</b>	<b>\$ _____</b>

Stable With (must appear on both entry forms):  
 \_\_\_\_\_  
 Emergency Contact # \_\_\_\_\_

**NO OUTSIDE BEDDING, NO JUMPOUTS ALLOWED**

# CENTRAL STATES BENEFIT HORSE SHOW

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 at The American Royal Complex, Kansas City, MO.

## WARNING

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in this domestic animal activity.

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.

### ACKNOWLEDGEMENT:

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, Jayne Pearman, 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)