

ASHEVILLE SADDLEBRED CLASSIC

SHOW DATES: May 13-16, 2020
Liz Holmes, Show Manager
Angie Boyle, USEF Show Secretary

WNC Agricultural Center
Fletcher, NC

CHECKS TO COVER ALL FEES
ENTRIES CLOSE APRIL 20, 2020

ENTRY FEES AND STALL FEES MUST ACCOMPANY ENTRY BLANK

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 <small>(If more than one rider, specify rider and class) (If equitation must give complete address of rider)</small>	Exhibitor	Jr. Exhibitor DOB	OWNER		
														USEF #	ASHA #	USEF #
														Name _____	USEF # _____	ASHA # _____
											UPHA # _____ AHHS # _____			Street _____	AHHS # _____	
														City _____	State _____	Zip _____

STALL WITH

	TOTAL ENTRY FEES	DO NOT USE THIS SPACE
___ Permanent Stalls	@ \$125.00	
___ Stalls for early arrivals	@ \$ 20.00	
___ Pre Bed Stalls	@ \$ 12.00	
___ Grounds Fee (non stabled horses)	@ \$ 25.00	
___ USEF Fee (Drug & Med. \$15.00 USEF \$8.00)	@ \$23.00	
___ USEF Non Member Fee Show Pass	@ \$45.00	
___ Office Fee - Per Horse - non refundable	@ \$35.00	
___ Post entries - Per Horse - non refundable	@ \$30.00	
___ Camper Nights	@ \$45.00/pm	
___ Ringside Tables (Limited Number)	@ \$ 450.00	
___ Bag Shavings	@ \$ 8.00	
___ Class Sponsor	@ \$	
STALL FEES MUST BE PREPAID	TOTAL AMOUNT DUE	
OPEN CHECK POLICY WILL PREVAIL	AMOUNT OF CHECK	

MAIL PREMIUM CHECKS TO AND REFUNDS TO

(If you want Premium Checks to go to different owners, you MUST FILL OUT A SEPARATE ENTRY BLANK FOR EACH OWNER NAME.)

Print Name _____

Address _____ City _____ State _____ Zip _____

Tel. No. _____ Email address (for exhibitor letters & correspondence) _____

Emergency Contact: Name & Phone _____
Will only be used for horse show.

Telephone _____

For Office Use Only

CHECKS TO COVER ALL FEES
MUST ACCOMPANY ENTRIES
OR FILL OUT CREDIT CARD
INFORMATION ON BACK SIDE

Make checks payable and mail to:
ASHEVILLE SADDLEBRED CLASSIC

c/o Liz Holmes
PO Box 362
Mebane, NC 27302

Postal Mark Date _____

Check# _____

Receipt # _____

Amounts _____

STALLS NOT AVAILABLE
FOR OCCUPANCY BEFORE
Monday, March May 10, 2020
AT 10:00 AM

PLEASE FILL OUT BELOW

I will arrive _____ Hotel _____ # of Rooms _____

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

ASHEVILLE SADDLEBRED CLASSIC HORSE SHOW May 13-16, 2020

I AGREE NEITHER THE ASHEVILLE SADDLEBRED CLASSIC, THE WNC AGRICULTURAL CENTER, THE STATE OF NORTH CAROLINA, THE MANAGEMENT, STAFF 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 INHERENT RISKS OF EQUINE ACTIVITIES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES. STATE LAW REQUIRES EVERY HORSE ON THE GROUNDS TO SHOW A CURRENT NEGATIVE COGGINS.

FEDERATION ENTRY AGREEMENT By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of the Asheville Saddlebred Classic. I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4. Federation Release, Assumption of Risk, Waiver, and Indemnification This document waives import ant legal rights. Read it carefully before signing. I AGREE in consideration for my participation in this Competition to the following: I AGREE that the "Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaultor, 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 hold harmless and 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 of any nature caused by me or my horse to others, even if the Harm arises or results, 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 while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and, if applicable, 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 all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf I represent that I have the requisite training, coaching and abilities to safely compete in this competition. 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.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

RIDER/DRIVER/HANDLER/
(If minor, parent/guardian)

OWNER/AGENT

TRAINER

COACH (if applicable)

Adult Signature: _____
Name _____
Street _____
City/ST/Zip _____
Exhibitor USEF# _____
Exhibitor ASHA# _____ UPHA# _____

Adult Signature: _____
Name _____
Street _____
City/ST/Zip _____
Exhibitor USEF# _____
Exhibitor ASHA# _____ UPHA# _____

Adult Signature: _____
Name _____
Street _____
City/ST/Zip _____
Exhibitor USEF# _____
Exhibitor ASHA# _____ UPHA# _____

Adult Signature _____
Name _____
USEF# _____

Is Rider/Driver/Vaultor a U.S. Citizen: Yes No

CREDIT CARD PAYMENT PRINT CLEARLY

TYPE CREDIT CARD _____ CREDIT CARD # _____ EXP DATE _____ CVV CODE ON BACK OF CARD _____

NAME ON CARD _____ TELEPHONE HOME _____ CELL _____

STREET ADDRESS _____ CITY/ST/ZIP _____ SIGNATURE _____