

# CENTRAL STATES BENEFIT HORSE SHOW

July 15-18, 2022—Entries Close July 5, 2022

One Owner Per Entry Blank

**ENTER ONLINE AT HORSESHOWSONLINE.COM**

## MAIL ENTRIES TO:

Kelly McFaul

206 S Lark Ln

Wichita, KS 67209

ph: 316-650-2287 | fax: 316-462-0883

kellymca@aol.com

OFFICE USE	NAME OF HORSE	REG #	YR FOALED	SEX	BREED	HEIGHT	COLOR	
	RIDER/DRIVER/HANDLER		CLASS	CLASS	CLASS	CLASS	CLASS	ENTRY FEES
			FEE	FEE	FEE	FEE	FEE	\$
	RIDER/DRIVER/HANDLER		CLASS	CLASS	CLASS	CLASS	CLASS	ENTRY FEES
		FEE	FEE	FEE	FEE	FEE	\$	

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	RIDER/DRIVER/HANDLER		CLASS	CLASS	CLASS	CLASS	CLASS	ENTRY FEES
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	RIDER/DRIVER/HANDLER		CLASS	CLASS	CLASS	CLASS	CLASS	ENTRY FEES
		FEE	FEE	FEE	FEE	FEE	\$	

I hereby enter the above horses and riders at my own risk and 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.

SIGNATURE \_\_\_\_\_

### OWNER (as appears on registration papers)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ ASHA \_\_\_\_\_

### TRAINER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ ASHA \_\_\_\_\_

### RIDER 1

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

ASHA \_\_\_\_\_ UPHA \_\_\_\_\_ AHHS \_\_\_\_\_

### RIDER 2

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

ASHA \_\_\_\_\_ UPHA \_\_\_\_\_ AHHS \_\_\_\_\_

**Stable With/Arrival Date**

<b>Total Class Fees</b>		_____
_____ Horse Stalls @ \$185		_____
_____ Tack Stalls @ \$185		_____
_____ Ringside Tables @ \$250		_____
_____ Office Fee @ \$30 per horse		_____
_____ Grass Hay @ \$12 per bale		_____
_____ Shavings @ \$12 per bag <i>(no outside bedding allowed)</i>		_____
_____ Sponsorships		_____
<b>TOTAL FEES</b>		_____

<b>ENTRY FEES:</b>	
Academy	\$45
Regular Classes	\$60
Championship Classes	\$65

<b>PAYMENT METHOD</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
Acct # _____	
Exp _____	Sec Code _____
Signature _____	

**Emergency Contact #**

# 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.

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Signature of Parent or Guardian Date

for \_\_\_\_\_

Name of Rider (please print)