

CENTRAL STATES FALL CLASSIC HORSE SHOW

October 26-27, 2024—MISSOURI STATE FAIRGROUNDS—Sedalia, MO

ONE OWNER PER ENTRY BLANK PLEASE—ENTRIES POSTMARKED BY OCTOBER 14, 2024

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 Fall Classic 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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Stable With (must appear on both entry forms):

Stalls available Thursday, October 24

Emergency Contact # _____

Mail entries to:
Samantha Blome
 5211 Leichester Ct
 Lincoln NE 68516
 sblome67@aol.com
 402-430-4292

| ENTRY FEES: | |
|-----------------|------|
| Academy | \$35 |
| Regular Classes | \$45 |

| | |
|-----------------------------------|-----------------|
| TOTAL ENTRY FEES | \$ _____ |
| _____ Stalls @ \$95 (brick barn) | \$ _____ |
| _____ Office Fee @ \$30 per entry | \$ _____ |
| _____ Shavings @ \$12 per bag | \$ _____ |
| _____ Brome Hay @ 15 per bale | \$ _____ |
| _____ Sponsorships & Ads | \$ _____ |
| TOTAL FEES ENCLOSED | \$ _____ |
| Checks payable to CSBHS | |

CENTRAL STATES FALL CLASSIC

Missouri State Fairgrounds—Sedalia, MO
www.centralstatesfallclassic.com

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 Missouri State Fairgrounds, Sedalia, 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 Fall Classic and the Missouri State Fairgrounds, 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 Fall Classic, the Missouri State Fairgrounds, 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 FALL CLASSIC, THE MISSOURI STATE FAIRGROUNDS 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)