

June 17-19, 2021

# CAPITAL CITY CLASSIC HORSE SHOW

LIZ HOLMES, SHOW MANAGER  
919-672-3741

DO NOT USE THIS SPACE	Name of Horse Class Number Under Name	Entry Fees	Exhibitor	OWNER
	Registration # _____			Name: _____ Street: _____ City: _____ State _____ Zip _____
	Registration # _____			Name: _____ Street: _____ City: _____ State _____ Zip _____
	Registration # _____			Name: _____ Street: _____ City: _____ State _____ Zip _____

**\*\* WAIVER ON REVERSE SIDE MUST BE SIGNED BY ADULT OWNER/AGENT \*\***

Stable me with/near \_\_\_\_\_ if possible.  
 Arriving on \_\_\_\_\_ Estimated time \_\_\_\_\_  
 Departing on \_\_\_\_\_ Estimated time \_\_\_\_\_

**TOTAL ENTRY FEES \$ \_\_\_\_\_**

\_\_\_\_\_ Stalls @ \$110.00  
 \_\_\_\_\_ Early Arrival/Stall @ \$20.00 \$ \_\_\_\_\_  
 \_\_\_\_\_ Grounds Fee (Per Non-Stabled Horse) @ \$25.00 \$ \_\_\_\_\_  
 \_\_\_\_\_ Pre bed my stalls @\$12 per stall \$ \_\_\_\_\_  
 I will be arriving on \_\_\_\_\_  
 \_\_\_\_\_ Office Fee per horse \$30.00 non refundable \$ \_\_\_\_\_  
 \_\_\_\_\_ Sponsorship \$ \_\_\_\_\_  
 \_\_\_\_\_ Bag Shavings @ \$8.50 \$ \_\_\_\_\_

**PLEASE PRINT**  
 Owner/Agent \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email \_\_\_\_\_ for sending exhibitor letter  
 and correspondence for horse show. Please list.

**BE SURE TO SIGN THE BACK SIDE OF THE ENTRY BLANK**

**CREDIT CARD PAYMENTS ARE PREFERRED. IF PAYING BY CHECK, MAKE PAYABLE TO: CAPITAL CLASSIC HORSE SHOW**

SEND ENTRIES VIA [WWW.HORSESHOWSONLINE](http://WWW.HORSESHOWSONLINE), EMAIL OR MAIL TO: LIZ HOLMES  
 PO Box 362  
 Mebane, NC 27302  
 Lizholmes1957@gmail.com  
 919-672-3741

**TOTAL AMOUNT DUE WITH ENTRIES \$ \_\_\_\_\_ OPEN CHECK MUST BE LEFT ON FILE - CREDIT CARD INFO ON BACK**

All entries are made at the rider's, owner's and trainer's own risk with the understanding that there is an inherent risk in riding horses. Neither the Capital City Classic Horse Show, The Hunt Horse Complex, show management, the officials nor the employees will be responsible for any accident or loss which may occur to an exhibitor, animal or equipment at the Capital City Classic Horse Show. Management reserves the right to combine, reschedule, close, add, delete or move any class or change the announced officials as may be necessary and in the best interest of the show or for inclement weather. The decision of the judge is final. The decision of the manager is final.

**WAIVER**

In consideration of being permitted to participate in this equine activity, the undersigned (Releasor) executes this Waiver and Release of Liability and Indemnity Agreement (Release) and hereby agrees as follows: Releasor is aware of the risks of injury and death inherent in Equine Activity and acknowledges that (s)he has read the Rules which are incorporated into and made part of this Release by this reference. Releasor hereby expressly assumes all risk associated with all such Equine Activity. Releasor hereby releases, waives and discharges The Capital City Classic Horse Show, its management, its officers, members, directors, employees, all other persons or entities acting on its behalf and any and all landowners allowing the use of their land for this equine activity, and all participant organizers (collectively, the Releasees) from all liability to Releasor, and his or her spouse, legal representatives, heirs, successors and/or assigns, for any loss, injury or damage, and any and all claims therefore, on account of injury to Releasor's person or property, or the death of Releasor while Releasor is engaged in any equine activity. Releasor hereby waives his or her right to sue Releasees on account of injury to Releasor's person or property, or the death of Releasor while Releasor is engaged in equine activity. Releasor hereby indemnifies and agrees to hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to Releasor's presence in, upon or around property being used by the organizers for the purpose of this equine activity, or due to Releasor's participation in such equine activity regardless of where such participation may occur.

This release is governed by and shall be construed in accordance with NC General Statutes, Chapter 99E. Releasor expressly agrees that the Release is intended to be as broad and inclusive as permitted by the General Statute and any other relevant provision of North Carolina Law and that if any portion hereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect. Liability limited; liability actions prohibited. An equine activity sponsor, an equine professional, or any other person, which shall include a corporation, partnership, or limited liability company, shall not be liable for an injury to or death of a participant resulting from the intrinsic dangers of equine activities and, no participant nor any participant's parent, guardian, or representative shall have or make any claim against or recover from any equine activity sponsor, equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the intrinsic dangers of equine activities. No participant or parent or guardian of a participant who has knowingly executed a waiver of his rights to sue or agrees to assume all risks specifically enumerated under this subsection may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant engaged in an equine activity. The waiver shall give notice to the participant of the intrinsic dangers of equine activities. The waiver shall remain valid unless expressly revoked in writing by the participant or parent or guardian of a minor.

\_\_\_\_\_  
Owner/Agent Signature **ADULT SIGNATURE ONLY**

\_\_\_\_\_  
**IF RIDER OR OWNER IS A MINOR, THE PARENT OR LEGAL GUARDIAN  
MUST ALSO SIGN ABOVE**

<b><u>CREDIT CARD PAYMENT PRINT CLEARLY</u></b>			
TYPE CREDIT CARD _____	CARD # _____	EXP DATE _____	CVV CODE _____
NAME ON CARD _____	CELL # _____	HOME # _____	
STREET _____	CITY/ST/ZIP _____	SIGNATURE _____	

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