

**CHECKS TO COVER ALL FEES  
ENTRIES CLOSE MARCH 7, 2012**

**ENTRY FEES AND STALL FEES MUST ACCOMPANY ENTRY BLANK**

# RALEIGH SPRING PREMIER HORSE SHOW

Governor James B. Hunt, Jr. Horse Complex  
Raleigh, North Carolina

**SHOW DATES: MARCH 22-24, 2012**

Mr. Ray Cloninger, Show Manager  
Mrs. Joyce Wilson, Assistant Show Manager  
Mrs. Barbara Woodlief, Show Secretary

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 (If more than one rider, specify rider and class) (If equitation - give complete address of rider)	Exhibitor USEF #	Jr. Exhibitor DOB	OWNER	
														Name _____	Farm ID # _____
														Name _____	USEF # _____
														Street _____	ASHA # _____
														City _____	State _____ Zip _____
														Name _____	USEF # _____
														Street _____	ASHA # _____
														City _____	State _____ Zip _____
														Name _____	USEF # _____
														Street _____	ASHA # _____
														City _____	State _____ Zip _____

**STALL WITH....**

TOTAL ENTRY FEES		DO NOT USE	
___ Permanent Stalls @ \$ 90.00			
___ Stalls for early arrivals @ \$ 15.00			
___ Ground Fee (non stabled horses) @ \$ 25.00			
___ USEF Fee (Drug & Medication \$8.00) (USEF -\$8.00) @ \$ 16.00			
___ USEF Non- Member Senior or Junior @ \$ 30.00			
___ Office Fee - Per Horse - non refundable @ \$ 15.00			
___ Post entries - Per Horse - non refundable @ \$ 15.00			
___ Reserve Seats (6) @ \$ 90.00			
___ Bag Shavings @ \$ 6.50			
___ Class Sponsor @ \$ _____			
<b>OPEN CHECK POLICY</b>	<b>TOTAL AMOUNT DUE</b>		
<b>WILL PREVAIL</b>	<b>AMOUNT OF CHECK</b>		

**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.)

Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. No. \_\_\_\_\_ Email for exhibitor letters and correspondence \_\_\_\_\_

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

**For Office Use Only**

**CHECKS TO COVER ALL FEES  
MUST ACCOMPANY ENTRIES**

**NO INITIAL BEDDING SUPPLIED**

**STALLS AVAILABLE FOR  
OCCUPANCY  
TUESDAY, MARCH 20, 2012  
8:00 AM**

Telephone \_\_\_\_\_

Make checks payable and mail to:

**RALEIGH SPRING PREMIER BENEFIT**  
c/o Barbara Woodlief  
13616 New Light Rd.  
Raleigh, NC 27614.

Postal Mark Date \_\_\_\_\_

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

Amount \$ \_\_\_\_\_

*Please fill out below*

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

Will arrive \_\_\_\_\_ . Hotel \_\_\_\_\_ # of Rooms \_\_\_\_\_

Please list hotel and number of rooms above which help our exhibitors get better room rates.

**Office Notes**

**RALEIGH SPRING PREMIER HORSE SHOW • MARCH 22-24, 2012**

I AGREE NEITHER THE RALEIGH SPRING PREMIER , THE NC STATE FAIR, THE STATE OF NORTH CAROLINA, NOR THE MANAGEMENT, 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 THE INHERENT RISKS OF EQUINE ACTIVITIES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES.

PLEASE enclose copies of Negative Coggins Test for all horses entered. NEW STATE LAW requires EVERY HORSE ON THE GROUNDS (SHOWING OR NOT SHOWING) TO SHOW A CURRENT NEG TEST IN ORDER TO REMAIN ON THE GROUNDS. EACH HORSE MUST BE OFFICIALLY ENTERED ON AN ENTRY FORM. STALL FEES DUE WITH ENTRY FORM TO GUARANTEE RESERVATION.

“ I further agree that if any damage shall be occasioned or loss occur, by fire or otherwise, to the horses exhibited, or to any vehicle or other article that I may send with such horses that I will make no negligence or the persons in charge of such horses and to repay this show, on demand, all damages it may sustain by reason of any claim or demand as aforesaid.”

**Federation Release, Assumption of Risk, Waiver, and Indemnification**  
**This document waives important legal rights. Read it carefully before signing.**

I AGREE in consideration for my participation in this Competition of the Raleigh Springs Premier 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, vaulter, 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. BOD 1/23/11. Effective 12/1/11.

**X** \_\_\_\_\_  
**Rider, Driver or Handler Signature (ADULT ONLY)**  
If minor, parent/guardian  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (    ) \_\_\_\_\_  
Exhibitor’s USEF# \_\_\_\_\_  
Exhibitor’s UPHA # \_\_\_\_\_  
Exhibitor’s ASHA# \_\_\_\_\_

US Citizen: Yes or No - circle one  
If more than one, attach signed copy of this page

**X** \_\_\_\_\_  
**Trainer’s Signature (ADULT ONLY)**  
If minor, parent/guardian  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (    ) \_\_\_\_\_  
Trainer’s USEF # \_\_\_\_\_  
Trainer’s UPHA # \_\_\_\_\_  
Trainer’s ASHA # \_\_\_\_\_

If more than one, attach signed copy of this page

**X** \_\_\_\_\_  
**Owner or Agent’s Signature (ADULT ONLY)**  
If minor, parent/guardian  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (    ) \_\_\_\_\_  
Owner’s USEF # \_\_\_\_\_  
Owner’s UPHA # \_\_\_\_\_  
Owner’s ASHA # \_\_\_\_\_

If more than one, attach signed copy of this page

**X** \_\_\_\_\_  
**Coach Signature (ADULT ONLY)**  
(Parent/guardian, if under 18, or if not available, trainer must sign)  
Name \_\_\_\_\_  
USEF # \_\_\_\_\_

If more than one, attach signed copy of this page