



**FESTIVAL OF THE HUNT**  
Presented by ADEQUAN



November 7 – 12, 2016  
Entries must be received by November 2, 2016

Competitor Name \_\_\_\_\_ MFHA Member # \_\_\_\_\_  
(All participants must be members of MFHA)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Horse Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Affiliated Hunt \_\_\_\_\_

<b>FEE: \$250.00 PER HORSE (Includes Wednesday through Friday Hunts and Breakfasts)</b>	
_____ Hunt Class \$250.00	_____ Hilltopper \$250.00
<b>STALL: \$125.00 ea. (Tuesday through Sunday only. Extra nights \$35.00 ea)</b>	
Payment Type:	_____ Check (payable to T.I.E.C.) _____ Credit Card
CC Info: Card #	_____ - _____ - _____ - _____
Name on Card:	_____ Expiration Date: _____
Signature _____	<b>TOTAL ENCLOSED \$ _____</b>

Mail completed form to: Festival of the Hunt, TIEC, 4066 Pea Ridge Road, Mill Spring NC 28756

**WAIVER BELOW MUST BE SIGNED BY ALL COMPETITORS:**

**LIABILITY** - Tryon Horse Shows, LLC, Tryon International Equestrian Center, Equestrian Sports Productions, their officials and employees, will not be responsible for any accident or loss which may occur to any exhibitor, spectators, guest, rider, groom, attendant, other employees, animals, or equipment at the events. All owners and competitors are personally responsible for damages to third persons caused by themselves, their employees, their agents, their horses or their dogs. They are strongly advised to take out third party insurance providing full coverage for participation in equestrian events , and to keep that policy up to date.

**PHOTO RELEASE** – By signing below I agree to waive the right to the use of my photos/videos at this competition and grant Tryon Horse Shows, LLC and its agents full use of any and all competition photos and videos.

**WARNING: UNDER NORTH CAROLINA LAWS, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A PARTICIPANT IN EQUINE ACCTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

Signature of Competitor \_\_\_\_\_ Print Name \_\_\_\_\_

Parent or Guardian's Signature (if Competitor is a Minor) \_\_\_\_\_

Date \_\_\_\_\_