

For Office Use:	
Initials:	
Back #	
Date:	
Time:	
☐ Check ☐ Credit Card	

Stall with:					Contact Phone during show:		
HORSE	NAME	:			Year Foaled:		
					Coggins Date:		
Sire:		Dam:			<u> </u>		
OWNER	NAME	<u>:</u>			NRHA# Exp Date:		
					New Address? Yes No		
					Phone:		
					NRHA # Exp Date:		
		applicable: NRHA Nor			Owner:		
					New Address?		
=-maii: _					Phone:		
Added Money	Class #	✓ Class Name NON PRO DERBY – I	Entry Fee	Pattern	AGED EVENT ENTRY DEADLINE (TO AVOID LATE FEES): RECEIVED BY WEDNESDAY, MAY 8 FOR NON PRO		
\$7,500	10	Non Pro Level 4	\$400		RECEIVED BY THURSDAY, MAY 9 FOR OPEN		
\$5,000	11	Non Pro Level 3	\$300	5	LATE FEES: AFTER NOON 2 DAYS BEFORE CLASS UP TO NOON DAY BEFORE CLASS, \$100.		
\$2,000 \$2,000	12 13	Non Pro Level 2 Non Pro Level 1	\$150 \$150	5			
\$2,000	14	Non Pro Prime Time	\$150		, ·		
\$2,000	15	Non Pro Masters	\$150		No entries after noon the day prior!		
		OPEN DERBY - MA	XY 11		110 Charles after floor the day prior.		
\$10,000	40	Open Level 4	\$600		Please make checks payable to Tryon International Equestrian Center . All Funds in US Dollars. See		
\$7,500	41	Open Level 3	\$400	_	Conditions for NSF Check Fees. Credit Cards accepted with 5% convenience fee. By making entry into the TCCATIEC, competitors, owners, agents and employees consent that they have read and		
\$5,000 \$2,000	42 43	Open Level 2 Open Level 1	\$300 \$200	5	fully understood the rules of the event and those of the National Governing Body and Federations as		
	PLEA	SE NOTE: Riders must ent		vision.	applicable. Competitors consent to comply with eligibility requirements including enter-up requirements. Competitors must sign and deliver event waiver and attach to this entry form as well as requisite license and memberships for it to be considered complete. Competitors and theragents are fully responsible for understanding and following all rules and regulations. Show Management reserves the right to translate rules as needed, make decisions in the best interest of the event, and to refuse service.		
TOTAL CLASS ENTRY FEES:				_			
Judges Fee:		\$1	50	_			
Video	Monito	r Fee (x \$15/run):			_		
NRHA Drug Fee:		-	\$7	Signature of person making entry Dat			
Office Fee (\$20 per horse):			\$	20	-		
Security Fee (\$10 per horse):				S10	Print name of person making entry		
Non-Stalling Fee:			\$35	_			
TOTA	L DUE:				 PAYMENT: □ Check Enclosed □ Credit Card Authorization Form Enclos 		

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THE 2019 CAROLINA CLASSIC AT Back# TRYON INTERNATIONAL EQUESTRIAN CENTER Waiver of Liability Form

For	Office Use:		
Initials:		Date:	
Back #		Time:	

Neither The 2019 Carolina Classic at Tryon International Equestrian Center, Pro Management, Inc., nor the organizing committee, officials, or owners of the Tryon International Equestrian Center, sponsors, nor any of its staff or agents, shall be in any way liable for any accident, injury, damage, loss, or for any other matter that may happen, from any cause or circumstances whatsoever, to exhibitors, competitors or members or their agents or to any one on the show grounds or to any animal or article exhibited or for any other property brought on the show grounds or any other loss, claim, matter, circumstance or event whatever in connection with or arising out of are attributable to the show or any journey to or from the show. It is to be understood and agreed that under no circumstance shall The 2019 Carolina Classic at Tryon International Equestrian Center, the organizing committee, officials, its owners, agents, sponsors, owners Tryon International Equestrian Center, City of Tryon or employees be liable for any loss, damages, claims or costs occasioned or suffered by any exhibitor, competitor, member or their agents, directly or indirectly how so ever arising, including without limitation, losses, damages, claims or costs as a result of The 2019 Carolina Classic at Tryon International Equestrian Center, its owners, agents and employees from and against any and all liability arising out of any such loss, damages, claims or costs.

BY SIGNING BELOW, I AGREE TO THE ABOVE CONDITIONS. Rider Signature (MANDATORY):			
Print Name:	_ Date:		
Owner/Agent Signature (MANDATORY):			
Print Name:	Date:		
Parent/Guardian Signature (REQUIRED if rider is a MINOR):			
Print Name:	Date:		
Emergency Contact Phone #:			

The above form is to be completed and must accompany the Entry Form. All owners and competitors are personally responsible for damages to third parties caused by themselves, their employees, their agents or their horses. They are therefore strongly advised to take out third-party insurance providing full coverage for participation in equestrian events at home and abroad, and to keep the policy up to date.

TRYON INTERNATIONAL EQUESTRIAN CENTER WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in volunteer (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Tryon Equestrian Properties, LLC, located at 25 International Blvd., Mill Spring, North Carolina 28756, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I am voluntarily participating in the aforementioned activity entirely at my own risk. I am aware of the risks associated with traveling to and from as well as participating in this activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or others' negligence, conditions related to, or the condition of the activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this activity.

I agree to indemnify and hold harmless Tryon Equestrian Properties, LLC against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Tryon Equestrian Properties, LLC incurs any of these types of expenses, I agree to reimburse Tryon Equestrian Properties, LLC.

I acknowledge that Tryon Equestrian Properties, LLC are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Tryon Equestrian Properties, LLC.

I acknowledge that this activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I acknowledge that I have carefully read this "waiver" and "release" and fully understand that it is a release of liability. I expressly agree to release and discharge Tryon Equestrian Properties, LLC from any and all claims or causes of action and I agree to voluntarily give up or wave any right that I otherwise have to bring a legal action against Tryon Equestrian Properties, LLC for personal injury or property damage.

TRYON INTERNATIONAL EQUESTRIAN CENTER WAIVER AND RELEASE OF LIABILITY

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Tryon Equestrian Properties, LLC. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the volunteer/Participant and Tryon Equestrian Properties, LLC agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited. In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact Phone

Contact Relationship

Contact

I, the undersigned volunteer/ participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Today's Date:	
Participant's Name:	
Participant's Signature:	
Participant's Address:	
	Zip
Participant's Email:	
Participant's Mobile:	