

BK# _____

Person Responsible for Show Bill _____

MUST include addresses and phone numbers for insurance purposes - INCOMPLETE FORMS WILL NOT BE ACCEPTED

| | | | | |
|--------------|---------|------|-------|-----|
| Owner Name | Address | City | State | Zip |
| Trainer Name | Address | City | State | Zip |

| | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|
| Back# | Name of Horse (PLEASE USE SAME NAME ALL SEASON!) _____ | | | | | | | |
| | Class #'s _____ | | | | | | | |

| | | | | | | | | | |
|---|--------------|--|--|--|--|--|--|--|--|
| Purchase 2020 Permanent Back# OR Back # will be assigned by office. | Exhibitor #1 | | | | | | | | |
| | Division | | | | | | | | |
| | Exhibitor #2 | | | | | | | | |
| | Division | | | | | | | | |
| | Exhibitor #3 | | | | | | | | |
| | Division | | | | | | | | |

| <u>EXHIBITOR #1 INFORMATION</u> | | | <u>EXHIBITOR #2 INFORMATION</u> | | | <u>EXHIBITOR #3 INFORMATION</u> | | |
|-----------------------------------|-----|----|----------------------------------|-----|----|----------------------------------|-----|----|
| Name | | | Name | | | Name | | |
| Address | | | Address | | | Address | | |
| City/State/Zip | | | City/State/Zip | | | City/State/Zip | | |
| *Youth D.O.B. or Age as of 1/1/20 | | | *Youth D.O.B or Age as of 1/1/20 | | | *Youth D.O.B or Age as of 1/1/20 | | |
| Telephone | | | Telephone | | | Telephone | | |
| Email | | | Email | | | Email | | |
| NCSC Member | Yes | No | NCSC Member | Yes | No | NCSC Member | Yes | No |
| Joining Today? | Yes | No | Joining Today? | Yes | No | Joining Today? | Yes | No |

| | |
|--|---|
| PLEASE NOTE: Driver's License is required in order to pay by check. Returned Check Fee = \$30.00 No Exceptions | Pre-Entry _____ Day of Show _____ RV Site (# Nts) _____ Grounds Fee _____ Night Watch _____ # Stalls _____ Arrival (please circle one) Fri / Sat AM / Sat after 1PM / Sun Departure (please circle one) Sat PM Sun PM |
| | NOTE FRIDAY ARRIVALS: NCSC must be informed by pre-entry deadline of your intent to arrive on Friday, after office hours on Friday, or after office hours on Saturday. Show office will be open for a short period on Friday evening for early check-in. |
| | Stall Request (1st come/1st Served - if available) _____ |

NEWTON COUNTY SADDLE CLUB, INC. WAIVER OF LIABILITY

I hereby enter the above horse(s) at my own risk and agree to release the Newton County Saddle Club, Inc. and the Georgia International Horse Park, its agents, employees and/or any landholder, of any liabilities or responsibilities in case of accident, loss, or injury in any way connected with the show and agree to indemnify and hold harmless the Newton County Saddle Club, Inc. and the Georgia International Horse Park in the event of any such liability or responsibility to any owner, lessee, trainer, agent, employee, rider/driver, or any other person representing the same in case of accident, loss or injury in any way connected with the show. **WARNING:** Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in activities resulting from the inherent risk of equine activities, pursuant to Chapter 12 of Title 4 of Official Georgia Annotated. SIGNATURE BELOW INDICATES THAT THE WAIVER AND WARNING HAVE BEEN READ AND UNDERSTOOD. NO ONE WILL BE ALLOWED TO PARTICIPATE IN OUR EVENT WITHOUT THIS SIGNATURE.

Signature _____ (Rider/Parent/Guardian) Date _____
(If 18 or under, or if parent or guardian is not available, trainer must sign)

ALL CLASSES GOVERNED BY NCSC RULES (PETITE - AMHR GUIDELINES except where superseded by NCSC rules) ALL JUDGES DECISIONS ARE FINAL.