



# THE CAROLINA CLASSIC AT TRYON INTERNATIONAL EQUESTRIAN CENTER 2020 Ranch Riding Entry Form

FOR OFFICE USE:

Stall with: \_\_\_\_\_ Contact Phone during show: \_\_\_\_\_

**HORSE NAME:** \_\_\_\_\_ Year Foaled: \_\_\_\_\_  Mare  Gelding  Stallion

NRHA Competition License # \_\_\_\_\_ AQHA # \_\_\_\_\_ APHA # \_\_\_\_\_ Coggins Date: \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_ E-mail: \_\_\_\_\_

NRHA # \_\_\_\_\_ Exp Date: \_\_\_\_\_ APHA # \_\_\_\_\_ Exp Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ New Address?  Yes  No

**RIDER NAME:** \_\_\_\_\_ E-mail: \_\_\_\_\_

NRHA # \_\_\_\_\_ Exp Date: \_\_\_\_\_ AQHA # \_\_\_\_\_ Exp Date: \_\_\_\_\_ APHA # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Check any that apply:  NRHA Non Pro  AQHA Amateur  Youth Relationship to Owner: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ New Address?  Yes  No Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Added Money	Class #	✓	Class Name	Entry Fee	Judges Fee	Pattern
<b>SATURDAY, MAY 9</b>						
\$250	61		AQHA Open Ranch Riding [1]	\$35	-	TBA
	62		APHA Reg. Open Ranch Riding [1]			
	63		APHA Solid Open Ranch Riding [1]			
\$250	64		AQHA Ranch Riding Amateur [1]	\$35	-	TBA
	65		AQHA Ranch Riding Novice Ama. [1]			
	66		APHA Reg. Ranch Riding Amateur [1]			
	67		APHA Solid Ranch Riding Amateur [1]			
\$125	68		AQHA Youth Ranch Riding [1]	\$25	-	TBA
	69		APHA Youth Reg. Ranch Riding [1]			
	70		APHA Youth Solid Ranch Riding [1]			

Added Money	Class #	✓	Class Name	Entry Fee	Judges Fee	Pattern
<b>SATURDAY, MAY 9</b>						
\$250			AQHA Open Ranch Riding [2]	\$35	-	TBA
			APHA Reg. Open Ranch Riding [2]			
			APHA Solid Open Ranch Riding [2]			
\$250			AQHA Ranch Riding Amateur [2]	\$35	-	TBA
			AQHA Ranch Riding Novice Ama. [2]			
			APHA Reg. Ranch Riding Amateur [2]			
			APHA Solid Ranch Riding Amateur [2]			
\$250			AQHA Youth Ranch Riding [2]	\$25	-	TBA
			APHA Youth Reg. Ranch Riding [2]			
			APHA Youth Solid Ranch Riding [2]			

*Please make checks payable to Tryon International Equestrian Center. All Funds in US Dollars. See 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 fully understood the rules of the event and those of the National Governing Body and Federations as 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 licenses and memberships for it to be considered complete. Competitors and their agents 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.*

\_\_\_\_\_  
Print name of person making entry

\_\_\_\_\_  
Signature of person making entry

\_\_\_\_\_  
Date

**TOTAL CLASS ENTRY FEES:** \_\_\_\_\_

Video Monitor Fee (\_\_\_ X \$15/run): \_\_\_\_\_

AQHA Drug Fee (\_\_\_ X \$6/AQHA judge): \_\_\_\_\_

APHA Drug Fee( \_\_\_ X \$2/APHA judge): \_\_\_\_\_

NRHA Drug Fee: \_\_\_\_\_ \$7

Office/Security Fee (\$30 per horse): \_\_\_\_\_ \$30

**MUST BE RECEIVED BY NOON DAY BEFORE CLASS TO BE INCLUDED IN DRAW!**  
**Late fees: Noon day before to 6 am day of class - \$25.**  
**No entries after 6 am day of class.**

Check Box to DONATE \$10 to the 501(c)3  
nonprofit Reining Horse Foundation \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

PAYMENT:  Check Enclosed  Credit Card Authorization Form Enclosed



# THE CAROLINA CLASSIC AT TRYON INTERNATIONAL EQUESTRIAN CENTER

## Credit Card Authorization Form

(Use this form if you'd like to pay with a credit card instead of a check.)

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Credit Card Type:     Visa                       MasterCard                       Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3-digit CVV code: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_ U.S.D. + 5% convenience fee of \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
(total authorized amount)

I hereby authorize Tryon International Equestrian Center to charge my credit card the above \$ amount.

\_\_\_\_\_  
Printed Name (as it appears on credit card)

\_\_\_\_\_  
Customer Signature

Payment For:

Show Entries                       Stalls                       Sponsorship                       Other: \_\_\_\_\_

## 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:

<u>Emergency Contact</u> <u>Phone #</u>	<u>Contact Relationship</u>	<u>Contact</u>
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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: \_\_\_\_\_