

**AUTUMN CLASSIC OPEN ENTRY FORM**  
**REQUIRED: Include a copy of horse registration papers (FOR COLOR CLASSES, if applicable) and current Coggins**

**SEND TO:**  
 Autumn Classic  
 PO Box 70273  
 Albany, GA 31708  
 Show Secretary: Melinda Rich  
[autumnclassic1985@gmail.com](mailto:autumnclassic1985@gmail.com)

Horse's Name		Breed		Reg No	
Rider 1	Class #				
	Class Fee				
Name		DOB MM/DD/YY		Age	
Address		City		State	Zip
Guardian if under 18		Email		Phone #	
Rider 2	Class #				
	Class Fee				
Name		DOB MM/DD/YY		Age	
Address		City		State	Zip
Guardian if under 18		Email		Phone #	

OWNER INFORMATION Owner name as it appears on registration papers/purchase contract  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

TRAINER INFORMATION must be filled out, if no trainer, owner may write in "same"  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

Stable With \_\_\_\_\_

# Class Fee @ \$10.00	\$	_____
# Class Fee @ \$15.00	\$	_____
# Class Fee @ \$20.00	\$	_____
# Class Fee @ \$25.00	\$	_____
Office Fee @ \$20.00	\$	_____
per horse		
# Jumping Warm Up	\$	_____
\$5.00/Rider		
# Tack Stall @ \$65.00	\$	_____
# Horse Stall \$65.00	\$	_____
<b>OR</b>		
Grounds Fee \$25.00	\$	_____
if not stalling		
Post Entry @ \$15.00	\$	_____
per horse after Oct 23		

**Credit/Debit Card Information:**  
 Name on Card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_ CRV #: \_\_\_\_\_

**SUBTOTAL** \$ \_\_\_\_\_  
**Make Checks Payable To: Autumn Classic**

**Release of Liability: ASSUMPTION OF RISK, RELEASE AND HOLD HARMLESS AGREEMENT: I agree as follows by signing below:**  
 I choose for myself (or as parent or guardian to permit a junior exhibitor) to participate voluntarily in this competition. I AM FULLY AWARE AND ACKNOWLEDGE THAT PARTICIPATION IN THIS COMPETITION INVOLVES SERIOUS RISKS OF HARM, INCLUDING PERSONAL INJURIES, DEATH AND DAMAGES TO PROPERTY. I ASSUME RISKS OF HARM AND DAMAGES TO ME, MY HORSE AND PROPERTY. I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS (Including from damages, costs and attorney fees) the Competition, the facilities, and all of their respective Agents, Servants, Employees and Volunteers (Collectively the "Released Parties") from any claims, relating to the competition and my participation in the competition, belonging to me, or legally caused by me or my horse, for any kind of damages, losses, or injuries to myself, other persons, horses or property to the fullest extent permitted by law.  
 I further agree to adhere to the rules set forth in the Autumn Classic Charity Show Rules & Guidelines and understand all decisions made by the judge are deemed final and can not be protested.

Owner <b>**Mandatory-No Junior Signatures</b>	Signature X	
Trainer or Custodian of horse @ show <b>**Mandatory-No Junior Signatures</b>	Signature X	
<b>**Adult Owner must sign if no trainer</b>	Signature X	
Rider 1 <b>**Mandatory-No Junior Signatures</b>	Signature X	
Rider 2 <b>**Mandatory-No Junior Signatures</b>	Signature X	

**\*Entries must be postmarked no later that **October 23, 2020****  
**\*Copies of Dressage entries must also be sent to Emma Collins for ride times to be assigned to:**  
[emmamonopoli@yahoo.com](mailto:emmamonopoli@yahoo.com)

**OFFICE USE:**  
 Check # \_\_\_\_\_ Amount of Check \_\_\_\_\_ Name on Check \_\_\_\_\_