

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
autumnclassic1985@gmail.com
RingRadar.com

Horse's Name		WDAA Member #		WDAA Horse ID #	
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 _____

Credit/Debit Card Information:

Name on Card: _____

Card Number: _____

Exp Date: _____ Zip Code: _____ CRV #: _____

# Class Fee @ \$12.00	\$	
# Class Fee @ \$15.00	\$	
# Class Fee @ \$20.00	\$	
# Class Fee @ \$25.00	\$	
# Class Fee @ \$30.00	\$	
1 Office Fee @ \$30.00	\$	30.00
per horse		
1 EMS FEE @ 10.00	\$	10.00
# Tack Stall @ \$100.00	\$	
# Horse Stall \$100.00	\$	
OR		
Grounds Fee \$30.00	\$	
if not stalling		
Post Entry @ \$20.00	\$	
per horse after Nov 1, 2026		
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 **Mandatory-No Junior Signatures	Signature X	
Trainer or custodian of horse @ show **Mandatory-No Junior Signatures **Adult Owner must sign if no trainer	Signature X	
Rider 1 **Mandatory-No Junior Signatures	Signature X	
Rider 2 **Mandatory-No Junior Signatures	Signature X	

***Entries must be postmarked no later than November 1, 2026**

OFFICE USE:

Check # _____ Amount of Check _____ Name on Check _____