



Show Office Use Only

Check # _____ Amount \$ _____

Date Received _____

****ALL HORSES MUST HAVE NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF SHOW AND HEALTH PAPERS FOR ALL HORSES FROM OUTSIDE OF THE STATE CURRENT WITHIN 30 DAYS.**

Liability Waiver: Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities. I further agree that if any damage is occasioned or loss occurs to me, the horses exhibited, to any vehicle or other articles which I may send with said horses; I will make no claim therefore against, and release and hold harmless the Capital City Charity Horse Show and any participating organizations.

Signature: _____ (Parent/Guardian Sign if under 18) Date _____

Photo/media Release: I hereby grant permission to Capital City Charity Horse Show to use photographs and/or video of me taken during their show in publications, news releases, online, and in other communications.

Signature: _____ (Parent /Guardian Sign if under 18) Date: _____