

Class # _____ Class _____ Exhibitor # _____

CIRCLE AGE: 9 and Under 10-13 14-18 19 and Over

Horse Registered Name: _____ Stable Name: _____

Exhibitor: _____

Address: _____ City/State: _____ Zip: _____

Owner: _____

Address: _____ City/State: _____ Zip: _____

CLASS FEE: _____ CASH: _____ TAB: _____ CHECK: _____

E-Mail Address (optional) _____

I, the undersigned, hereby release the Kansas State Horse Show Circuit, Board of Directors and other individuals involved with this KSHSC event from any and all responsibility for injuries or damages sustained by the above-named participant, livestock or property occurring in conjunction with this KSHSC event.

Parent or Guardian

Date