

SALINA CHARITY HORSE SHOW ENTRY FORM

October 10-12, 2025 Mail Entries to: SCHS, 1506 E Mona, Wichita, KS, 67216

Email entries to: salinacharityhorseshow@gmail.com

ENTRY #	NAME OF HORSE				TOTAL ENTRY FEES	REG #	EXHIBITOR NAME	ONE OWNER PER ENTRY BLANK
	Class numbers below horse's name							Owner Information
								Name
								Street
								City
								State Zip
								Phone
								STABLE WITH -
Total Entry Fees Stall Fee x \$50 Jump Out Fee per horse x \$15 Office Fee per horse x \$15 Equine Sports Council Fee per horse x \$15 Bag Shavings x \$9 Bale Straw x \$8 20 amp RV Hookup per night x \$15 30 amp RV Hookup per night x \$25 50 amp RV Hookup per night x \$35 TOTAL DUE						STALLS WILL BE READY Thurs. Oct 9 at 12:00 NOON Unless prior arrangements are made with show management		
						<u>ALL</u> HORSES MUST SHOW CURRENT NEGATIVE COGGINS IN SHOW OFFICE BEFORE RECEIVING BACK NUMBERS		

We have read and accept the conditions under LIABILITY in the General Rules and Regulations, and agree to hold Salina Charity Horse Show harmless for any damage, loss, injury, or accident to property, animals, or show participants.

EVERY ENTRY AT A SHOW THAT PAYS THE EQUINE SPORTS COUNCIL EXHIBITION FEE AND IS EXHIBITED AND JUDGED ACCORDING TO THE ESC RULES AND GUIDELINES SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT: (1) THE OWNER, AGENT, LESSEE, TRAINER, MANAGER, COACH, DRIVER AND RIDER AND ANY OF HIS/HER REPRESENTATIVES ARE BOUND BY THE SHOW RULES; (2) THAT EVERY HORSE, RIDER, AND/OR DRIVER IS ELIGIBLE AS ENTERED; (3) THEY AGREE TO ACCEPT AS FINAL THE DECISION OF SHOW MANAGEMENT ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD SOUTHERN SADDLEBRED SALES, INC, EQUINE SPORTS COUNCIL, THEIR OFFICIALS, DIRECTORS, AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; (4) THAT THE OWNER, RIDER/DRIVER AND ANY OF THEIR AGENTS OR REPRESENTATIVES AGREE TO HOLD THE SHOW, EQUINE SPORTS COUNCIL, AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FOR ANY ACCIDENT, INJURY, ILLNESS OR LOSS SUFFERED DURING OR IN CONJUNCTION WITH THE SHOW, WHETHER OR NOT SUCH ACCIDENT, INJURY, ILLNESS OR LOSS RESULTED DIRECTLY OR INDIRECTLY FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE SHOW OR EQUINE SPORTS COUNCIL.

Signature of Owner, Manager, or Trainer _____

Make checks payable to: Salina Charity Horse Show