



Please complete this entry application and submit with a cover letter providing your experience and interest in participating at EquiFest. Please include information of experience with demo horse including any details which provide a background story. Please include an exhibition video of your ride on horse you are applying to demo on.

Name of Rider:	Name of Horse:
Organization Represented:	Parent, Guardian, or Coach (if under 18):
Address:	City, State, Zip:
Email:	Cell Number:

Participation Fee: \$75/clinic

*Experience level must be at least Intermediate. Video and cover letter of horse and rider experience should accompany application. * Fee for clinic demo participant is \$75. This provides one daily wristband entry and 1.5 arena hours with Chris Cox.	Negative Coggins is REQUIRED for all horses. Also, health certificate is REQUIRED for horses from out of state. No horses are permitted in barn prior to Vet Check.
	Payment Method: (circle) CHECK CASH CREDIT CARD
CLINIC TOPIC APPLYING FOR:	Card Number:
	Expiration Date: CVV:
	Billing Zip: Signature:

Special for Exhibitors/Participants: Additional discounted passes may be purchased until Feb. 5th. After that time, they will only be available at event box office for full price. Limit 10 discount passes. Each Pass is good for one per person.

HORSE STALL	\$25/overnight		
TACK STALL	\$25/overnight		
SHAVINGS, per bag	\$6		
DAY(S)	Price/ Pass	Quantity	Subtotal \$
Weekend (all 3-days)	\$25		
Friday Passes	\$10		
Saturday Passes	\$10		
Sunday Passes	\$10		

TOTAL DUE: \$100 + _____ = _____

I/We understand that I, my farm, and employees have read and will be exhibiting under the rules and regulations set forth by the Kansas Horse Council, Inc., and EquiFest of Kansas. All participants associated with my exhibit area are aware of these regulations and guidelines and agree to abide by them. Further I/we understand and agree that Kansas Horse Council, Inc., and EquiFest of Kansas employees and agents will not be held responsible for any injury, loss or damage to any person, animal, or equipment. Under Kansas law there is no liability for an injury to or the death of participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60---4001 through 60---4001. I/We understand that all applications are subject to approval. In addition to all other damages which may be recoverable by the Kansas Horse Council, Inc., the Council shall be entitled to recover all of its attorney fees and any other reasonable costs of collection with regard to any monies due it and not paid in accordance with the terms of this agreement, or which may be incurred by the Kansas Horse Council, Inc., in order to enforce any other term or provision of this agreement which has been breached by any other party or parties signatory hereto. The parties signatory hereto stipulate and agree that this contract shall be governed by the laws of the state of Kansas and any suit by either party to enforce any term or provision of this agreement or for breach of this contract must be filed in court of general jurisdiction.

I have read and understand all the Rules, Regulations and Guidelines of the Kansas Horse Council, Inc., and EquiFest of Kansas regarding participation in this event. I agree to abide by those Rules, Regulations and Guidelines. I further agree to hold Kansas Horse Council, EquiFest and Manager of EquiFest harmless for any liable action that may occur as a result of said party's actions.

This contract will be governed by the laws of the state of Kansas. In addition to damages recoverable by Kansas Horse Council and EquiFest management in case of noncompliance, all attorney fees and collection expenses will be the responsibility of the contracted party's signing this contract.

Authorized Signature: _____ Date: _____