

2017 Adequan® NAAC & Ancillary Entry Form

Thursday November 23, 2017

Back #

One Horse and Rider Per Entry Form: *Please make copies as needed. All Horses Must Have a Stall: See Stall Reservation Form*

**ENTRIES MUST BE IN THE OFFICE ON OR BEFORE
NOVEMBER 7**

(*Required Information)

*Rider: _____ Rider's Phone #: _____ *NRHA ID#: _____
 *Horse's Name: _____ NRHA License #: _____
 *Owner: _____ NRHA ID#: _____ Owner's Phone #: _____
 Co-Owner: _____ NRHA ID#: _____ Co-Owner's Phone #: _____
 *Responsible Party: _____ (person responsible for payment)
 *USA Reining Membership Number (If Applicable) _____

Class**	Entry Fee	Judges Fee	Late Fee	Futurity Late Fee	Pattern	Total
<input type="checkbox"/> 1100 \$6,000 Added Open	\$300	\$150	\$200	\$100	9	\$ _____
<input type="checkbox"/> 7112 \$5,000 Added NAAC Open	\$250	\$125			9	\$ _____
<input type="checkbox"/> 1200 \$1,000 Added Intermediate Open	\$100	\$50	\$200	\$100	9	\$ _____
<input type="checkbox"/> 7122 \$3,000 Added NAAC Int. Open	\$200	\$100			9	\$ _____
<input type="checkbox"/> USA Open	\$30				9	\$ _____

Note: *For classes that run concurrently, please only pay the higher of the judges' fees and only one video fee.

Video Fee: \$10.00 per class (only pay once per set of concurrent classes) \$ _____
 Office Fee: \$25.00 per horse (only pay once) \$ _____
 Meds Fee: \$7 per horse (only pay once) \$ _____
 Yes, I want to Round Up for RHF! I will contribute _____\$5 _____\$10 _____\$25 _____\$100 _____Other
 Contributions to the 501(c 3 nonprofit Reining Horse Foundation are tax deductible to the extent allowed by law. Consult your tax professional.

Grand Total for this entry \$ _____

****Class entries will close at noon two days prior to the class. Negative entries may be added until one hour prior to the start of the class.**

Release and Waiver of Liability

I, _____, (participant) in consideration of my participation in the equine event known as the 2017 NRHA Futurity and Adequan® North American Affiliate Championship Show held November 23-December 2, 2017 hereby grant to the NRHA, the right to record, broadcast and otherwise exploit, in any and all media throughout the world, my performance in the event, and to use my and my horse's name, likeness, voice and biographical information in connection therewith.

I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the National Reining Horse Association, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs and expenses including reasonable attorney's fees arising out of my participation in the event, including without limitation, any personal injuries or damage to my property which I may incur as a result of performing in a reining horse class.

I have read and understand the terms and conditions of the entry into this event and agree to abide by those terms and conditions and the NRHA Rules and Regulations.

I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Release and Waiver of Liability.

I warrant that I am of legal age and that I have read and fully understand the foregoing term _____ (Signature)
 _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Parent or Guardian's Guarantee

I, _____, represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age and that I have read and fully understand the foregoing release and agree for participant's heirs, successors and assigns, and for participant's legal representatives to be bound by the terms thereof.

_____ (Signature)
 _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Credit card payment information (there is a 3.5% service fee): _____ - _____ - _____ - _____ exp: ____/____
 Security code: _____ Name on card (print): _____ Signature: _____

Make all checks payable to National Reining Horse Association (in US funds). *NRHA is not responsible for late or lost mail.*
 Mail entries and payment in full to: National Reining Horse Association – Entries, 3021 W. Reno Ave, Oklahoma City, OK 73107-5302 or fax to 405-946-8425

2017 Adequan® NAAC & Ancillary Entry Form

Friday November 24, 2017

Back #

One Horse and Rider Per Entry Form: Please make copies as needed. All Horses Must Have a Stall: See Stall Reservation Form

**ENTRIES MUST BE IN THE OFFICE ON OR BEFORE
NOVEMBER 7**

(*Required Information)

*Rider: _____ Rider's Phone #: _____ *NRHA ID#: _____

*Horse's Name: _____ NRHA License #: _____

*Owner: _____ NRHA ID#: _____ Owner's Phone #: _____

Co-Owner: _____ NRHA ID#: _____ Co-Owner's Phone #: _____

*Responsible Party: _____ (person responsible for payment)

Class	Entry Fee	Judges Fee	Late Fee	Futurity Late Fee	Pattern	Total
<input type="checkbox"/> 1600	\$200 Added Limited Non Pro	\$20	\$20	\$200	\$100	6 \$ _____
<input type="checkbox"/> 7162	\$500 Added NAAC Limited Non Pro	\$50	\$35			6 \$ _____

Note: *For classes that run concurrently, please only pay the higher of the judges' fees and only one video fee.

- Video Fee: \$10.00 per class (only pay once per set of concurrent classes) \$ _____
 - Office Fee: \$25.00 per horse (only pay once) \$ _____
 - Meds Fee: \$7 per horse (only pay once) \$ _____
 - Yes, I want to Round Up for RHF! I will contribute _____ \$5 _____ \$10 _____ \$25 _____ \$100 _____ Other _____
- Contributions to the 501(c)3 nonprofit Reining Horse Foundation are tax deductible to the extent allowed by law. Consult your tax professional.

Grand Total for this entry \$ _____

****Class entries will close at noon two days prior to the class. Negative entries may be added until one hour prior to the start of the class.**

Release and Waiver of Liability

I, _____, (participant) in consideration of my participation in the equine event known as the 2017 NRHA Futurity and Adequan® North American Affiliate Championship Show held November 23-December 2, 2017 hereby grant to the NRHA, the right to record, broadcast and otherwise exploit, in any and all media throughout the world, my performance in the event, and to use my and my horse's name, likeness, voice and biographical information in connection therewith.

I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the National Reining Horse Association, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs and expenses including reasonable attorney's fees arising out of my participation in the event, including without limitation, any personal injuries or damage to my property which I may incur as a result of performing in a reining horse class.

I have read and understand the terms and conditions of the entry into this event and agree to abide by those terms and conditions and the NRHA Rules and Regulations. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Release and Waiver of Liability.

I warrant that I am of legal age and that I have read and fully understand the foregoing term _____ (Signature)
 _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Parent or Guardian's Guarantee

I, _____, represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age and that I have read and fully understand the foregoing release and agree for participant's heirs, successors and assigns, and for participant's legal representatives to be bound by the terms thereof.

_____ (Signature)
 _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Credit card payment information (there is a 3.5% service fee): _____ - _____ - _____ - _____ exp: ____/____
 Security code: _____ Name on card (print): _____ Signature: _____

2017 Adequan[®] NAAC & Ancillary Entry Form

Saturday November 25, 2017

Back #

One Horse and Rider Per Entry Form: *Please make copies as needed. All Horses Must Have a Stall: See Stall Reservation Form*

**ENTRIES MUST BE IN THE OFFICE ON OR BEFORE
NOVEMBER 7**

(*Required Information)

*Rider: _____ Rider's Phone #: _____ *NRHA ID#: _____

*Horse's Name: _____ NRHA License #: _____

*Owner: _____ NRHA ID#: _____ Owner's Phone #: _____

Co-Owner: _____ NRHA ID#: _____ Co-Owner's Phone #: _____

*Responsible Party: _____ *(person responsible for payment)*

Class	Entry Fee	Judges Fee	Late Fee	Futurity Late Fee	Pattern	Total
<input type="checkbox"/> 1301 \$500 Added Limited Open	\$50	\$35	\$200	\$100	8	\$ _____
<input type="checkbox"/> 7132 \$500 Added NAAC Limited Open	\$50	\$35			8	\$ _____
<input type="checkbox"/> 1350 \$500 Added Rookie Professional	\$50	\$35	\$200	\$100	8	\$ _____
<input type="checkbox"/> 7136 \$500 Added NAAC Rookie Pro.	\$50	\$35			8	\$ _____

Note: *For classes that run concurrently, please only pay the higher of the judges' fees and only one video fee.

- Video Fee: \$10.00 per class (only pay once per set of concurrent classes) \$ _____
 - Office Fee: \$25.00 per horse (only pay once) \$ _____
 - Meds Fee: \$7 per horse (only pay once) \$ _____
 - Yes, I want to Round Up for RHF! I will contribute _____ \$5 _____ \$10 _____ \$25 _____ \$100 _____ Other
- Contributions to the 501(c)3 nonprofit Reining Horse Foundation are tax deductible to the extent allowed by law. Consult your tax professional.

Grand Total for this entry \$ _____

****Class entries will close at noon two days prior to the class. Negative entries may be added until one hour prior to the start of the class.**

Release and Waiver of Liability

I, _____, (participant) in consideration of my participation in the equine event known as the 2017 NRHA Futurity and Adequan[®] North American Affiliate Championship Show held November 23-December 2, 2017 hereby grant to the NRHA, the right to record, broadcast and otherwise exploit, in any and all media throughout the world, my performance in the event, and to use my and my horse's name, likeness, voice and biographical information in connection therewith.

I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the National Reining Horse Association, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs and expenses including reasonable attorney's fees arising out of my participation in the event, including without limitation, any personal injuries or damage to my property which I may incur as a result of performing in a reining horse class.

I have read and understand the terms and conditions of the entry into this event and agree to abide by those terms and conditions and the NRHA Rules and Regulations. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Release and Waiver of Liability.

I warrant that I am of legal age and that I have read and fully understand the foregoing term _____ (Signature)
 _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Parent or Guardian's Guarantee

I, _____, represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age and that I have read and fully understand the foregoing release and agree for participant's heirs, successors and assigns, and for participant's legal representatives to be bound by the terms thereof.

_____ (Signature)
 _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Credit card payment information (there is a 3.5% service fee): _____ - _____ - _____ - _____ exp: ____/____
 Security code: _____ Name on card (print): _____ Signature: _____

2017 Adequan® NAAC & Ancillary Entry Form

Sunday November 26, 2017

Back #

One Horse and Rider Per Entry Form: *Please make copies as needed. All Horses Must Have a Stall: See Stall Reservation Form*

**ENTRIES MUST BE IN THE OFFICE ON OR BEFORE
NOVEMBER 7**

(*Required Information)

*Rider: _____ Rider's Phone #: _____ *NRHA ID#: _____

*Horse's Name: _____ NRHA License #: _____

*Owner: _____ NRHA ID#: _____ Owner's Phone #: _____

Co-Owner: _____ NRHA ID#: _____ Co-Owner's Phone #: _____

*Responsible Party: _____ (person responsible for payment)

Class**	Entry Fee	Judges Fee	Late Fee	Futurity Late Fee	Pattern	Total
<input type="checkbox"/> 1700 \$1,000 Added Novice Horse Open 1	\$100	\$50	\$200	\$100	3	\$
<input type="checkbox"/> 7170 \$1,000 Added NAAC NH Open 1	\$100	\$50			3	\$
<input type="checkbox"/> 1750 \$1,000 Added Novice Horse Open 2	\$100	\$50	\$200	\$100	3	\$
<input type="checkbox"/> 7171 \$2,500 Added NAAC NH Open 2	\$125	\$75			3	\$

Note: *For classes that run concurrently, please only pay the higher of the judges' fees and only one video fee.

Video Fee: \$10.00 per class (only pay once per set of concurrent classes) \$ _____

Office Fee: \$25.00 per horse (only pay once) \$ _____

Meds Fee: \$7 per horse (only pay once) \$ _____

Yes, I want to Round Up for RHF! I will contribute _____ \$5 _____ \$10 _____ \$25 _____ \$100 _____ Other

Contributions to the 501(c)3 nonprofit Reining Horse Foundation are tax deductible to the extent allowed by law. Consult your tax professional.

Grand Total for this entry \$ _____

****Class entries will close at noon, two days prior to the class. Negative entries may be added until one hour prior to the start of the class.**

Release and Waiver of Liability

I, _____, (participant) in consideration of my participation in the equine event known as the 2017 NRHA Futurity and Adequan® North American Affiliate Championship Show held November 23-December 2, 2017 hereby grant to the NRHA, the right to record, broadcast and otherwise exploit, in any and all media throughout the world, my performance in the event, and to use my and my horse's name, likeness, voice and biographical information in connection therewith.

I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the National Reining Horse Association, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs and expenses including reasonable attorney's fees arising out of my participation in the event, including without limitation, any personal injuries or damage to my property which I may incur as a result of performing in a reining horse class.

I have read and understand the terms and conditions of the entry into this event and agree to abide by those terms and conditions and the NRHA Rules and Regulations. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Release and Waiver of Liability.

I warrant that I am of legal age and that I have read and fully understand the foregoing term _____ (Signature)

(Printed Name) (NRHA ID #) _____ (Phone) _____ (Date)

Parent or Guardian's Guarantee

I, _____, represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age and that I have read and fully understand the foregoing release and agree for participant's heirs, successors and assigns, and for participant's legal representatives to be bound by the terms thereof.

(Printed Name) (NRHA ID #) _____ (Phone) _____ (Date)

Credit card payment information (there is a 3.5% service fee): _____ - _____ - _____ - _____ exp: ____/____

Security code: _____ Name on card (print): _____ Signature: _____

2017 Adequan® NAAC & Ancillary Entry Form

Monday November 27, 2017

Back #

One Horse and Rider Per Entry Form: Please make copies as needed. All Horses Must Have a Stall: See Stall Reservation Form

**ENTRIES MUST BE IN THE OFFICE ON OR BEFORE
NOVEMBER 7**

(*Required Information)

*Rider: _____ Rider's Phone #: _____ *NRHA ID#: _____

*Horse's Name: _____ NRHA License #: _____

*Owner: _____ NRHA ID#: _____ Owner's Phone #: _____

Co-Owner: _____ NRHA ID#: _____ Co-Owner's Phone #: _____

*Responsible Party: _____ (person responsible for payment)

Class**	Entry Fee	Judges Fee	Late Fee	Futurity Late Fee	Pattern	Total		
<input type="checkbox"/> 1800	\$1,000	Added Novice Horse Non Pro 1	\$100	\$50	\$200	\$100	9	\$ _____
<input type="checkbox"/> 7180	\$1,000	Added NAAC NH Non Pro 1	\$100	\$50			9	\$ _____
<input type="checkbox"/> 1850	\$1,000	Added Novice Horse Non Pro 2	\$100	\$50	\$200	\$100	9	\$ _____
<input type="checkbox"/> 7181	\$2,500	Added NAAC NH Non Pro 2	\$125	\$75			9	\$ _____

Note: *For classes that run concurrently, please only pay the higher of the judges' fees and only one video fee.

- Video Fee: \$10.00 per class (only pay once per set of concurrent classes) \$ _____
 - Office Fee: \$25.00 per horse (only pay once) \$ _____
 - Meds Fee: \$7 per horse (only pay once) \$ _____
 - Yes, I want to Round Up for RHF! I will contribute _____ \$5 _____ \$10 _____ \$25 _____ \$100 _____ Other
- Contributions to the 501(c)3 nonprofit Reining Horse Foundation are tax deductible to the extent allowed by law. Consult your tax professional.

Grand Total for this entry \$ _____

****Class entries will close at noon two days prior to the class. Negative entries may be added until one hour prior to the start of the class.**

Release and Waiver of Liability

I, _____, (participant) in consideration of my participation in the equine event known as the 2017 NRHA Futurity and Adequan® North American Affiliate Championship Show held November 23-December 2, 2017 hereby grant to the NRHA, the right to record, broadcast and otherwise exploit, in any and all media throughout the world, my performance in the event, and to use my and my horse's name, likeness, voice and biographical information in connection therewith.

I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the National Reining Horse Association, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs and expenses including reasonable attorney's fees arising out of my participation in the event, including without limitation, any personal injuries or damage to my property which I may incur as a result of performing in a reining horse class.

I have read and understand the terms and conditions of the entry into this event and agree to abide by those terms and conditions and the NRHA Rules and Regulations.

I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Release and Waiver of Liability.

I warrant that I am of legal age and that I have read and fully understand the foregoing term _____ (Signature) _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Parent or Guardian's Guarantee

I, _____, represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age and that I have read and fully understand the foregoing release and agree for participant's heirs, successors and assigns, and for participant's legal representatives to be bound by the terms thereof.

_____ (Signature) _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Credit card payment information (there is a 3.5% service fee): _____ - _____ - _____ - _____ exp: ____/____
 Security code: _____ Name on card (print): _____ Signature: _____

2017 Adequan® NAAC & Ancillary Entry Form

Tuesday November 28, 2017

Back #

One Horse and Rider Per Entry Form: *Please make copies as needed. All Horses Must Have a Stall: See Stall Reservation Form*

ENTRIES MUST BE IN THE OFFICE ON OR BEFORE NOVEMBER 7

(*Required Information)

*Rider: _____ Rider's Phone #: _____ *NRHA ID#: _____

*Horse's Name: _____ NRHA License #: _____

*Owner: _____ NRHA ID#: _____ Owner's Phone #: _____

Co-Owner: _____ NRHA ID#: _____ Co-Owner's Phone #: _____

*Responsible Party: _____ (person responsible for payment) *Rider's Date of Birth (required for PT): _____

*USA Reining Membership Number (If Applicable) _____

Class	Entry Fee	Judges Fee	Late Fee	Futurity Late Fee	Pattern	Total
<input type="checkbox"/> 1400 \$2,000 Added Non Pro	\$200	\$100	\$200	\$100	8	\$ _____
<input type="checkbox"/> 7142 \$5,000 Added NAAC Non Pro	\$250	\$125			8	\$ _____
<input type="checkbox"/> 1500 \$1,000 Added Intermediate Non Pro	\$100	\$50	\$200	\$100	8	\$ _____
<input type="checkbox"/> 7152 \$3,000 Added NAAC Int. Non Pro	\$200	\$75			8	\$ _____
<input type="checkbox"/> 1650 \$200 Added Prime Time Non Pro	\$20	\$20	\$200	\$100	8	\$ _____
<input type="checkbox"/> 7167 \$1,500 Added NAAC Prime Time NP	\$75	\$50			8	\$ _____
<input type="checkbox"/> USA Amateur	\$30				8	\$ _____

Note: *For classes that run concurrently, please only pay the higher of the judges' fees and only one video fee.

Video Fee: \$10.00 per class (only pay once per set of concurrent classes) \$ _____

Office Fee: \$25.00 per horse (only pay once) \$ _____

Meds Fee: \$7 per horse (only pay once) \$ _____

Yes, I want to Round Up for RHF! I will contribute _____ \$5 _____ \$10 _____ \$25 _____ \$100 _____ Other _____

Contributions to the 501(c 3 nonprofit Reining Horse Foundation are tax deductible to the extent allowed by law. Consult your tax professional.

Grand Total for this entry \$ _____

****Class entries will close at noon, two days prior to the class. Negative entries may be added until one hour prior to the start of the class.**

Release and Waiver of Liability

I, _____, (participant) in consideration of my participation in the equine event known as the 2017 NRHA Futurity and Adequan® North American Affiliate Championship Show held November 23-December 2, 2017 hereby grant to the NRHA, the right to record, broadcast and otherwise exploit, in any and all media throughout the world, my performance in the event, and to use my and my horse's name, likeness, voice and biographical information in connection therewith.

I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the National Reining Horse Association, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs and expenses including reasonable attorney's fees arising out of my participation in the event, including without limitation, any personal injuries or damage to my property which I may incur as a result of performing in a reining horse class.

I have read and understand the terms and conditions of the entry into this event and agree to abide by those terms and conditions and the NRHA Rules and Regulations.

I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Release and Waiver of Liability.

I warrant that I am of legal age and that I have read and fully understand the foregoing term _____ (Signature) _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Parent or Guardian's Guarantee

I, _____, represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age and that I have read and fully understand the foregoing release and agree for participant's heirs, successors and assigns, and for participant's legal representatives to be bound by the terms thereof.

_____ (Signature) _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Credit card payment information (there is a 3.5% service fee): _____ - _____ - _____ exp: ____/____

Security code: _____ Name on card (print): _____ Signature: _____

Make all checks payable to National Reining Horse Association (in US funds). *NRHA is not responsible for late or lost mail.*

Mail entries and payment in full to: National Reining Horse Association – Entries, 3021 W. Reno Ave, Oklahoma City, OK 73107-5302 or fax to 405-946-8425

2017 Adequan® NAAC & Ancillary Entry Form

Thursday November 30, 2017

Back #

One Horse and Rider Per Entry Form: Please make copies as needed. All Horses Must Have a Stall: See Stall Reservation Form

**ENTRIES MUST BE IN THE OFFICE ON OR BEFORE
NOVEMBER 7**

(*Required Information)

*Rider: _____ Rider's Phone #: _____ *NRHA ID#: _____

*Horse's Name: _____ NRHA License #: _____

*Owner: _____ NRHA ID#: _____ Owner's Phone #: _____

Co-Owner: _____ NRHA ID#: _____ Co-Owner's Phone #: _____

*Responsible Party: _____ (person responsible for payment)

Class	Entry Fee	Judges Fee	Late Fee**	Futurity	Late Fee	Pattern	Total
<input type="checkbox"/> 5300 Rookie Level I Jackpot	\$20	\$20	\$200	\$100	8	\$ _____	
<input type="checkbox"/> 5310 \$200 Added Rookie Level II	\$20	\$20	\$200	\$100	8	\$ _____	
<input checked="" type="checkbox"/> 7899 \$200 Added NAAC Rookie II	\$20	\$20	-- --	-- --	8	\$ _____	
<input type="checkbox"/> 7532 Silver Spurs Equine Rookie of the Year	-- --	-- --	-- --	-- --	8	\$ _____	

Note: *For classes that run concurrently, please only pay the higher of the judges' fees and only one video fee.

Video Fee: \$10.00 per class (only pay once per set of concurrent classes) \$ _____

Office Fee: \$25.00 per horse (only pay once) \$ _____

Meds Fee: \$7 per horse (only pay once) \$ _____

Yes, I want to Round Up for RHF! I will contribute _____ \$5 _____ \$10 _____ \$25 _____ \$100 _____ Other

Contributions to the 501(c)3 nonprofit Reining Horse Foundation are tax deductible to the extent allowed by law. Consult your tax professional.

Grand Total for this entry \$ _____

****Class entries will close at noon two days prior to the class. Negative entries may be added until one hour prior to the start of the class.**

Release and Waiver of Liability

I, _____, (participant) in consideration of my participation in the equine event known as the 2017 NRHA Futurity and Adequan® North American Affiliate Championship Show held November 23-December 2, 2017 hereby grant to the NRHA, the right to record, broadcast and otherwise exploit, in any and all media throughout the world, my performance in the event, and to use my and my horse's name, likeness, voice and biographical information in connection therewith.

I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the National Reining Horse Association, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs and expenses including reasonable attorney's fees arising out of my participation in the event, including without limitation, any personal injuries or damage to my property which I may incur as a result of performing in a reining horse class.

I have read and understand the terms and conditions of the entry into this event and agree to abide by those terms and conditions and the NRHA Rules and Regulations.

I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Release and Waiver of Liability.

I warrant that I am of legal age and that I have read and fully understand the foregoing term _____ (Signature)
 _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Parent or Guardian's Guarantee

I, _____, represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age and that I have read and fully understand the foregoing release and agree for participant's heirs, successors and assigns, and for participant's legal representatives to be bound by the terms thereof.

_____ (Signature)
 _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Credit card payment information (there is a 3.5% service fee): _____ - _____ - _____ - _____ exp: ____/____

Security code: _____ Name on card (print): _____ Signature: _____

2017 Adequan® NAAC & Ancillary Entry Form

Friday December 1, 2017

Back #

One Horse and Rider Per Entry Form: Please make copies as needed. All Horses Must Have a Stall: See Stall Reservation Form

**ENTRIES MUST BE IN THE OFFICE ON OR BEFORE
NOVEMBER 7**

(*Required Information)

*Rider: _____ Rider's Phone #: _____ *NRHA ID#: _____
 *Horse's Name: _____ NRHA License #: _____
 *Owner: _____ NRHA ID#: _____ Owner's Phone #: _____
 Co-Owner: _____ NRHA ID#: _____ Co-Owner's Phone #: _____
 *Responsible Party: _____ (person responsible for payment) *Rider's Date of Birth: _____
 *USA Reining Membership Number (If Applicable) _____

Class	Entry Fee	Judges Fee	Late Fee	Futurity Late Fee	Pattern	Total
<input type="checkbox"/> 3500 Youth 10 & Under Short Stirrup Jackpot	\$10	--	\$50		14	\$ _____
<input type="checkbox"/> 3100 Youth 13 & Under Jackpot	\$10	--	\$50	\$25	6	\$ _____
<input checked="" type="checkbox"/> 7312 \$100 Added NAAC Youth 13 & Under	\$10	--			6	\$ _____
<input type="checkbox"/> USA Youth 13 and Under	\$10	--			6	\$ _____

Note: *For classes that run concurrently, please only pay the higher of the judges' fees and only one video fee.

Video Fee: \$10.00 per class (only pay once per set of concurrent classes) \$ _____
 Meds Fee: \$7 per horse (only pay once) \$ _____
 Yes, I want to Round Up for RHF! I will contribute _____ \$5 _____ \$10 _____ \$25 _____ \$100 _____ Other
 Contributions to the 501(c)3 nonprofit Reining Horse Foundation are tax deductible to the extent allowed by law. Consult your tax professional.

Grand Total for this entry \$ _____

****Class entries will close at noon two days prior to the class. Negative entries may be added until one hour prior to the start of the class.**

Release and Waiver of Liability

I, _____, (participant) in consideration of my participation in the equine event known as the 2017 NRHA Futurity and Adequan® North American Affiliate Championship Show held November 23-December 2, 2017 hereby grant to the NRHA, the right to record, broadcast and otherwise exploit, in any and all media throughout the world, my performance in the event, and to use my and my horse's name, likeness, voice and biographical information in connection therewith.

I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the National Reining Horse Association, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs and expenses including reasonable attorney's fees arising out of my participation in the event, including without limitation, any personal injuries or damage to my property which I may incur as a result of performing in a reining horse class.

I have read and understand the terms and conditions of the entry into this event and agree to abide by those terms and conditions and the NRHA Rules and Regulations.

I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Release and Waiver of Liability.

I warrant that I am of legal age and that I have read and fully understand the foregoing term _____ (Signature)
 _____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Parent or Guardian's Guarantee

I, _____, represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age and that I have read and fully understand the foregoing release and agree for participant's heirs, successors and assigns, and for participant's legal representatives to be bound by the terms thereof.
 _____ (Signature)

_____ (Printed Name) _____ (NRHA ID #) _____ (Phone) _____ (Date)

Credit card payment information (there is a 3.5% service fee): _____ - _____ - _____ - _____ exp: ____/____
 Security code: _____ Name on card (print): _____ Signature: _____

Make all checks payable to National Reining Horse Association (in US funds). NRHA is not responsible for late or lost mail.
 Mail entries and payment in full to: National Reining Horse Association – Entries, 3021 W. Reno Ave., Oklahoma City, OK 73107-5302 or fax to 405-946-8425

2017 Adequan® NAAC & Ancillary Entry Form

Saturday December 2, 2017

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One Horse and Rider Per Entry Form: Please make copies as needed. All Horses Must Have a Stall: See Stall Reservation Form

**ENTRIES MUST BE IN THE OFFICE ON OR BEFORE
NOVEMBER 7**

(*Required Information)

*Rider: _____ Rider's Phone #: _____ *NRHA ID#: _____
 *Horse's Name: _____ NRHA License #: _____
 *Owner: _____ NRHA ID#: _____ Owner's Phone #: _____
 Co-Owner: _____ NRHA ID#: _____ Co-Owner's Phone #: _____
 *Responsible Party: _____ (person responsible for payment) *Rider's Date of Birth (Youth only): _____
 *USA Reining Membership Number (If Applicable) _____

Class	Entry Fee	Judges Fee	Late Fee	Futurity Late Fee	Pattern	Total
<input type="checkbox"/> 3200 Youth 14-18 Jackpot	\$10	--	\$50	\$25	6	\$ _____
<input type="checkbox"/> 7322 \$100 Added NAAC Youth 14-18	\$10	--			6	\$ _____
<input type="checkbox"/> USA 14-18	\$10	--			6	\$ _____
<input type="checkbox"/> USA 16-21	\$10	--	--		6	\$ _____
<input type="checkbox"/> USA Para Reining Grade 1	--	--	--		TBD	\$ _____
<input type="checkbox"/> USA Para Reining Grade 2	--	--	--		TBD	\$ _____
<input type="checkbox"/> USA Para Reining Grade 3	--	--	--		TBD	\$ _____
<input type="checkbox"/> USA Para Reining Grade 4	--	--	--		14	\$ _____
<input type="checkbox"/> 11011 NRHA Para Reining	--	--	--		14	\$ _____

Note: *For classes that run concurrently, please only pay the higher of the judges' fees and only one video fee.

Video Fee: \$10.00 per class (only pay once per set of concurrent classes) \$ _____
 Meds Fee: \$7 per horse (only pay once, not applicable to Para Reining) \$ _____
 Yes, I want to Round Up for RHF! I will contribute _____ \$5 _____ \$10 _____ \$25 _____ \$100 _____ Other _____
 Contributions to the 501(c)3 nonprofit Reining Horse Foundation are tax deductible to the extent allowed by law. Consult your tax professional.

Grand Total for this entry \$ _____

****Class entries will close at noon two days prior to the class. Negative entries may be added until one hour prior to the start of the class.**

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