

2017 Adequan® NAAC & Ancillary Entry Form

Tuesday November 28, 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 (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: _____