



# SILVER SPURS EQUINE 7 & UP NON PRO - June 28 ENTRY FORM

\*\*Entries due June 1\*\*



Levels to Enter	Entry Fee	Judge Fee	Video Fee	Med Fee	Office Fee	Total	Select One Box
1, 2	\$105	\$45	\$20	\$7	\$25	<b>\$202</b>	
2, 3	\$195	\$75	\$20	\$7	\$25	<b>\$322</b>	
3, 4	\$345	\$100	\$20	\$7	\$25	<b>\$497</b>	
4	\$225	\$100	\$20	\$7	\$25	<b>\$377</b>	
1, 2, 3	\$225	\$75	\$20	\$7	\$25	<b>\$352</b>	
1, 3	\$150	\$75	\$20	\$7	\$25	<b>\$277</b>	
1, 4	\$255	\$100	\$20	\$7	\$25	<b>\$407</b>	
1, 3, 4	\$375	\$100	\$20	\$7	\$25	<b>\$527</b>	
2, 3, 4	\$420	\$100	\$20	\$7	\$25	<b>\$572</b>	
1, 2, 3, 4	\$450	\$100	\$20	\$7	\$25	<b>\$602</b>	

HORSE'S NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

BREED & REG. #: \_\_\_\_\_ SEX: \_\_\_\_\_ YEAR FOALED: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

RIDER'S NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

RIDER'S PHONE: (     ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Fees paid in US Funds made payable to NRHA should accompany this form. Current NRHA Memberships for both owner and rider is required.**

### Release and Waiver of Liability

I \_\_\_\_\_, (participant) in consideration of my participation in the equine event known as the NRHA Derby 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 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 fully and understand the foregoing terms.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent or Guardian 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.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3021 West Reno Oklahoma City, OK 73107 - events@nrha.com - Fax: 405.946.8425 - Phone: 405.946.7400

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