



2017 NRHA Derby

Monday June 26, 2017

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**ENTRIES DUE 5PM THE DAY PRIOR
LATE ENTRIES ACCEPTED UNTIL 1 HOUR PRIOR TO
THE START OF THE CLASS**

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

(*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	Pattern	Total
<input type="checkbox"/> 1200(2) \$3,000 Intermediate Open	\$200	\$55	1	\$ _____
<input type="checkbox"/> 1301(2) \$500 Limited Open	\$50	\$25	1	\$ _____
<input type="checkbox"/> 1350(2) \$500 Rookie Professional	\$50	\$25	1	\$ _____
<input type="checkbox"/> 1800 \$1,000 Novice Horse Non Pro Level 1	\$100	\$55	8	\$ _____
<input type="checkbox"/> 1850 \$1,000 Novice Horse Non Pro Level 2	\$100	\$55	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) \$ _____

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

Total for this entry \$ _____

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 ad 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: _____