

2019 Bob's Custom Saddles Novice Horse Open Derby

FOR OFFICE USE ONLY



ENTRY FORM

Due IN OFFICE MAY 1

TOTAL DUE: \$400

Entry Fee: \$300
Judges Fee: \$90
Video Fee: \$10



HORSE'S NAME: _____ LICENSE #: _____

BREED & REG. #: _____ SEX: _____ YEAR FOALED: _____

OWNER'S NAME: _____ ID #: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: () _____ EMAIL: _____

RIDER'S NAME: _____ ID #: _____

RIDER'S PHONE: () _____ EMAIL: _____

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 and fully understand the foregoing terms.

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)

(Signature)

(Printed name)

(NRHA ID#)

(Phone)

(Date)

NOTE: 2019 NRHA membership for both owner(s) (as listed on the competition license) and rider is required. Membership must be paid in full.

**Mail to: NRHA, Attn: Derby Entries
13181 US Highway 177
Byars, OK 74831
Fax to: 580-759-3999
Email to: events@nrha.com**

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Date Rec'd _____

Pd \$ _____ ck# _____ (\$ _____)