

\* Each Exhibitor for horse must have a Release Form on File before entries can be accepted. \*

## Waiver of Liability, Indemnification, and Medical Release

I am aware of the danger involved in participating in the Center of the Nation Appaloosa Horse Club Spring Spotacular Horse Show.

On behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns, I hereby:

- a. waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me and my estate, the Center of the Nation Appaloosa Horse Club, and its officers, agents, and employees; and
- b. indemnify and hold harmless the Center of the Nation Appaloosa Horse Club, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as a result of any of my actions during this activity or event.

I hereby consent to receive any medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, acknowledge that I have read and understand the above release.

Name : \_\_\_\_\_ Birth date: \_\_\_\_\_

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

### Permission for Minor to Participate:

I hereby consent to the entry of \_\_\_\_\_ Birth date: \_\_\_\_\_  
in this horse show and certify that I have read the forgoing statements and that the same may be deemed a part herof, and hereby accept responsibility hereunder for the participation of the said minor. I am either the parent or the horse agent that is responsible for the said minor for the above named horseshow.

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

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**NUMBER OF EXHIBITORS FOR HORSE:** \_\_\_\_\_

**NUMBER OF RELEASES RECEIVED (ONE PER EXHIBITOR):** \_\_\_\_\_

\*If numbers and names do not match we cannot take your entry. \*Extra Releases are available at the Show Office.

**HORSE INFORMATION**

BACK # \_\_\_\_\_

Reg. Name \_\_\_\_\_ Reg. # \_\_\_\_\_ Sex \_\_\_\_\_ Yr Foaled \_\_\_\_\_  
Owner (Last) \_\_\_\_\_ (First) \_\_\_\_\_ ApHC # \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_

**OPEN EXHIBITOR**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ ApHC # \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_

Class #'s  
| | | | | | | | | | |

**NON PRO EXHIBITOR**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ ApHC # \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_  
Owner Relationship To Exhibitor \_\_\_\_\_ Non Pro Birthdate \_\_\_\_\_  
Email \_\_\_\_\_

Non Pro Class #'s  
| | | | | | | | | | |

**YOUTH EXHIBITOR**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ ApHC # \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_  
Owner Relationship To Exhibitor \_\_\_\_\_ Youth Birthdate \_\_\_\_\_  
Email \_\_\_\_\_

Youth Class #'s  
| | | | | | | | | | |

Package Deal Package @ \$140 per horse flat fee	Non-Package Deal	Charges
Open classes ____ @ \$2 nat'l pt fee/class/judge	Open classes ____ @ \$10/class/judge	
Non Pro classes ____ @ \$1 nat'l pt fee/class/judge	Non Pro classes ____ @ \$8/class/judge	
Youth classes ____ @ \$1 nat'l pt fee/class/judge	Youth classes ____ @ \$8/class/judge	
Tack Stalls ____ @ \$55 per stall	Stalls ____ @ \$55 per stall	
Camping Fee ____ nights @ \$30/night	Tack Stalls ____ @ \$55 per stall	
Cattle Charge ____ \$8 per run **	Camping Fee ____ nights @ \$30/night	
	Cattle Charge ____ \$8 per run **	
CON Membership ____ @ \$10/\$20/\$30	CON Membership ____ @ \$10/\$20/\$30	
Office Charge ____ @ \$5	Office Charge ____ @ \$5	
Total	Total	

\*\* Cattle Charge on Classes 62, 63, 64, 65, 66, 68, 72, 73, 74, 75, 76, 78, 79

Amount Paid \$ \_\_\_\_\_ Check (# \_\_\_\_\_) /Cash/Other