* 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 herby consent to the entry of	Birth date:
in this horse show and certify that I ha	ve read the forgoing statements and that the same
may be deemed a part herof, and herby	y accept responsibility hereunder for the
participation of the said minor. I am e	ither the parent or the horse agent that is
responsible for the said minor for the a	above named horseshow.
Signature:	Date:

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HORSE INFORMATION			BACK #	
Reg. Name	Reg. #	Sex	Yr Foaled	
Owner (Last)	(First)	АрНС	`#	
Address	City	State	Zip Code	
Phone () Email				
<u>OPEN EXHIBITOR</u>				
Name (Last)				
Address	City	State	Zip Code	
Phone () Email				
Class #'s				
	ļ	+		
NON PRO EXHIBITOR				
Name (Last)	(First)	AnHC	#	
Address		-		
	-		_	
Phone () Email				
O Deletienship Te E-hibiten		Man Dua Dinth data		
Owner Relationship To Exhibitor		_ Non Pro Birthdate		
Owner Relationship To Exhibitor Non Pro Class #'s – Must Verify Nov				
_				
_				
Non Pro Class #'s – Must Verify Nov				
Non Pro Class #'s – Must Verify Nov YOUTH EXHIBITOR	rice Status for # 3, 9, 14,	, 20, 32, 38, 48, 56, 64,	72, 75, 94, 123	
Non Pro Class #'s – Must Verify Nov YOUTH EXHIBITOR Name (Last)	rice Status for # 3, 9, 14,	, 20, 32, 38, 48, 56, 64, 7	72, 75, 94, 123 	
Non Pro Class #'s – Must Verify Nov YOUTH EXHIBITOR Name (Last) Address	(First)City	, 20, 32, 38, 48, 56, 64, 7	72, 75, 94, 123	
Non Pro Class #'s – Must Verify Nov YOUTH EXHIBITOR Name (Last) Address Phone () Email	(First)(City	, 20, 32, 38, 48, 56, 64, 7	72, 75, 94, 123	
Non Pro Class #'s – Must Verify Nov YOUTH EXHIBITOR Name (Last) Address Phone () Email	(First)(City	, 20, 32, 38, 48, 56, 64, 7	72, 75, 94, 123	
Non Pro Class #'s – Must Verify Nov YOUTH EXHIBITOR Name (Last) Address Phone () Email Owner Relationship To Exhibitor	(First)City	ApHC Youth Birthdate	72, 75, 94, 123	
Non Pro Class #'s – Must Verify Nov YOUTH EXHIBITOR Name (Last) Address Phone () Email	(First)City	ApHC Youth Birthdate	72, 75, 94, 123	
Non Pro Class #'s – Must Verify Nov YOUTH EXHIBITOR Name (Last) Address Phone () Email Owner Relationship To Exhibitor	(First)City	ApHC Youth Birthdate	72, 75, 94, 123	
Non Pro Class #'s – Must Verify Nov YOUTH EXHIBITOR Name (Last) Address Phone () Email Owner Relationship To Exhibitor	(First)City	ApHCState, 68, 119	72, 75, 94, 123	
Non Pro Class #'s – Must Verify Nov YOUTH EXHIBITOR Name (Last) Address Phone () Cowner Relationship To Exhibitor Youth Class #'s – Must Verify Novice Package @ \$125/100/85 per horse Open classes@ \$2 nat'l pt fee/cl	(First) City e Status for # 30, 36, 54	ApHC ApHC State Youth Birthdate , 68, 119 Open classes @ Non Pro classes @	#Zip Code \$10/class/judge @ \$8/class/judge	
Non Pro Class #'s – Must Verify Nov YOUTH EXHIBITOR Name (Last) Address Phone () Cowner Relationship To Exhibitor Youth Class #'s – Must Verify Novice Package @ \$125/100/85 per horse Open classes @ \$2 nat'l pt fee/cl Non Pro classes @ \$1 nat'l pt fee/cl	(First) City e Status for # 30, 36, 54	ApHC ApHC State Youth Birthdate , 68, 119 Open classes @ Non Pro classes @	#Zip Code	
Non Pro Class #'s – Must Verify Nov YOUTH EXHIBITOR Name (Last) Address Phone () Cowner Relationship To Exhibitor Youth Class #'s – Must Verify Novice Package @ \$125/100/85 per horse Open classes@ \$2 nat'l pt fee/cl	(First) City e Status for # 30, 36, 54	ApHC	#Zip Code \$10/class/judge @ \$8/class/judge \$8/class/judge	
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Total Amount Paid \$_____ Check (#)/Cash/Other