

BROOKSIDE REIN FOR THE ROSES—DERBY on the DERBY April 29—May2, 2010

BACK #

HORSE INFORMATION as it appears on NRHA competition license/Registration Papers

Registered Name _____ NRHA License # _____ Foal Year: _____
 Horse Age: _____ Horse Sex: M G S (*If horse has been gelded—please be sure license is up to date)
 Breed _____ Registration # _____ TRAINER: _____ Stable With: _____

OWNER INFORMATION as it appears on NRHA competition license

Owner _____ NRHA # _____ Exp Date _____ Phone # (____) _____ Email: _____
 Co Owner _____ NRHA # _____ Exp Date _____ Phone # (____) _____ Email: _____
 Address: _____ City, State, Zip _____
 SSN or TAX ID for winnings _____

FEES AND CHARGES:

Class/Judge Total \$ _____
 Warmup: \$25 ea \$ _____
 Wed Thurs
 Fri Sat Sun
 Stalls # _____
 @ \$110 ea \$ _____
 Tack # _____
 @ \$110: ea \$ _____
 Drug Fee _____
 \$5 per horse \$ _____
 Haul In _____
 \$20 per day / horse \$ _____
 Office Fee _____
 \$15 per horse \$ _____
 Late Entry Fee _____
 \$25 horse \$ _____
 WCRHA _____
 Membership \$ _____
 NRHA _____
 Membership \$ _____
TOTAL DUE \$ _____

EXHIBITOR #1 Name _____ Relationship to owner _____
 Open Non Pro Youth Rider DOB _____ NRHA # _____ Exp. Date _____ WCRHA # _____ Exp Date _____
 ANCILLARY CLASSES: [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 [] 9 [] 10 [] 11
 [] 12 [] 13 [] 14 [] 15 [] 16 [] 17 [] 18 [] 19 [] 20 [] 21 [] 22 [] 23 [] 24 [] 25 [] 26 [] 27
 [] 28 [] 29 [] 30 [] 31 [] 32 [] 33 [] 34
 DERBY CLASSES OPEN [] 101 [] 102 [] 103 DERBY CLASSES NON PRO: [] 104 [] 105 [] 106

EXHIBITOR #2 Name _____ Relationship to owner _____
 Open Non Pro Youth Rider DOB _____ NRHA # _____ Exp. Date _____ WCRHA # _____ Exp Date _____
 ANCILLARY CLASSES: [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 [] 9 [] 10 [] 11
 [] 12 [] 13 [] 14 [] 15 [] 16 [] 17 [] 18 [] 19 [] 20 [] 21 [] 22 [] 23 [] 24 [] 25 [] 26 [] 27
 [] 28 [] 29 [] 30 [] 31 [] 32 [] 33 [] 34
 DERBY CLASSES OPEN [] 101 [] 102 [] 103 DERBY CLASSES NON PRO: [] 104 [] 105 [] 106

Make checks payable to: BROOKSIDE

Mail to: *Lorraine Kemper—Derby*
 1840 Prairie City Rd 100—280
 Folsom, CA 95630-

For questions—Phone: (916) 662-2567 or email: lskemper@sbcglobal.net

R.V. spaces (916) 682-1403 *
 Shavings (916) 682-1403 *
 * Pay at Show

CHECK # _____

RELEASE, ASSUMPTION OF RISK, WAIVER and INDEMNIFICATION

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition. **REIN FOR THE ROSES/DERBY ON THE DERBY** to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain suffering, or death ("Harm").

I AGREE to release the Competition, Brookside Horse Park, Silky's Pub, WCRHA, ORHA and NRHA from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Competition, Brookside Horse Park, Silky's Pub, WCRHA, ORHA and NRHA

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from negligence of the Competition, Brookside Horse Park, Silky's Pub, WCRHA, ORHA and NRHA

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Competition, Brookside Horse Park, Silky's Pub, WCRHA, ORHA and NRHA and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition.

I have read the Federation rules about protective equipment including articles GR318 and EV113, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Competition strongly encourages me that I do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or a legal guardian of a junior exhibitor, I consent to the child's participation and **AGREE** to all the above provisions and **AGREE** to assume all of the obligations of this Release on the child's behalf.

I AGREE that the "Competition" as used above including all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form

BY SIGNING BELOW, I AGREE to be bound by all applicable Organizational Rules and all items and provisions of this entry blank

BY SIGNING BELOW, I further AGREE to be bound by all applicable WCRHA, ORHA & NRHA Rules and all terms and provisions of this entry blank.

PARENT/GUARDIAN MUST SIGN FOR A MINOR. SIGNATURES REQUIRED FOR OWNER, RIDER AND TRAINER.

Please send copies of WCRHA, ORHA & NRHA memberships

X: _____ Rider A signature (MUST BE 18 or OVER TO SIGN)

Rider A Print Name: _____

Parent/Guardian Signature: _____

X: _____ Rider B signature (MUST BE 18 or OVER TO SIGN)

Rider B Print Name: _____

Parent/Guardian Signature: _____

X: _____ Owner signature (MUST BE 18 or OVER TO SIGN)

Owner Print Name: _____

Trainer signature (MUST BE 18 or OVER TO SIGN)

Trainer Print Name: _____

Coach signature (MUST BE 18 or OVER TO SIGN)

Coach Print Name: _____

WCRHA #: _____ ORHA _____ NRHA _____

Street: _____

City/State/Zip: _____

Phone: _____

Prize money checks payable to:

Print name: _____

Street: _____

City: _____

State/Zip: _____

Phone #: _____

Social Security: _____

check box if payee is different than owner