Exhibitor # _____ Trainer or Stall with _____

Horse's Name _____ NRHA Comp License # _____

Owner's Name _____ NRHA # _____

Rider's Name _____ NRHA # _____

2nd Rider's Name _____ NRHA # _____

Prize Money payable to Owner _____ or Rider _____

Address of payee: _____

_____

Phone # _____E-mail _____

Write initials of rider in box under class name for classes they wish to enter

Thursday Class

MENS	LADIES	GUYS	GALS

Friday Class

NHO1	NHO2	NHO3	RSNP1	RSNP2	NHNP1	NHNP2	NHNP3	RR1	RR2	RRPT

Saturday Classes

NP	INP	LNP	NPPT	M	L	Y-13	14-18	RSO1	RSO2	SS	RR1	RR2	RRPT

Sunday Classes

O	IO	LO	RP	GR1	GR2	GRPT

# of Stalls_____ Nights_____ Tuesday Arrival_____ Shavings_____ Drug Fee_____

RV Nights _____ Grounds Fee _____Paid Warm Ups _____ Office Fee _____

Must close out bill with show secretary or $50.00 closing fee will be applied.

I pay for _____ Trainer pays _____ Check # _____ Cash $ _____

I understand that attendance of a horse is not without risk to myself, my horse or members of my family or guests who may attend. I hereby waive and release TRHA, it's employees and agents from any and all liability of any nature, or injury or damage which I or may horse my suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any other exhibitor or horse, and I expressly assume the risk of any such damages or injury while attending any formation of TRHA, or while on the show ground or the surrounding area thereto. **UNDER LAW (CHARPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROGRESSIONAL IS NOT LIABILITY FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

Signature_____ Date_____