

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	RSN1	RSN2	NHNP1	NHNP2	NHNP3	RR1	RR2	RRPT

**Saturday Classes**

Y-13	14-18	GR1	GR2	GRPT	SS	NP	INP	LNP	NPPT	M	L	RSO1	RSO2

**Sunday Classes**

O	IO	LO	RP	RR1	RR2	RRPT	Y-13	14-18

Number of Stalls \_\_\_\_\_ Nights \_\_\_\_\_ 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 my horse may 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 (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_