OPEN - ONLY ONE HORSE ON EACH ENTRY BLANK

Please fill out coggins info, in lower left hand corner

Greater Houston Quarter Horse Association

HORSE'S NAME	Stall	Grounds Fee		Year Foaled	Gender
		☐ Checkif APHA			

OWNER'S NAME:		OWNER'S FULL ADDRESS:	CITY, ST, ZIP

	Saturday Class Number(s)		Name of **EXHIBITOR**	
			Office Fee	$ 10.00
YOUTH DATE OF BIRTH				
OTHER DATE OF BIRTH			Grounds Fee	$ 15.00

☐ **Check This Box if you are declaring for High Point**

Which Halter Class is to be used for High Point

CELL PHONE of participant AT THE SHOW:

RELEASE FROM LIABILITY - This Release of Liability is made and entered into on September 24, 2011, by and between Greater Houston Quarter Horse Assn. and Exhibitor listed above (known herinafter as Exhibitor); and, if Exhibitor is a minor, Exhibitor's parent or guardian. Exhibitor agrees to assume any and all risks involved in or arising from Exhibitor's use of or presence upon GHQHA's facilities including, without limitation but not limited to, the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, or the negligence or deliberate act of another person. Exhibitor agrees to hold GHQHA and all of its successors, assignees, members and/or officers completely harmless and not liable and release them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of Exhibitor's use of or presence upon GHQHA's facilities including, without limitation but not limited to, the risks of death, bodily injury, property damage, including consequential damage, except if the damages are caused by the direct, willful and wanton negligence of GHQHA. Exhibitor agrees to indemnify and defend GHQHA against, and hold it harmless from, any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arise from Exhibitor's use of or presence upon GHQHA's facilities. Exhibitor agrees to abide by all of GHQHA rules and regulations

Lab _____

Date Reported _____

Accession Num. _____

Check # _____

Cash Paid $ _____

Total Amount $ _____

Open Check (Name) _____

☐

Exhibitor's Signature

Email Address, Check box if email has changed

Exhibitor's Parent or Guardian (If Exhibitor is a Minor)