

Scottsdale Non Pro Derby

ENTRY FORM

EXHIBITOR # _____
HORSE'S NAME _____ NRHA COMP# _____
ARABIAN OR HALF ARABIAN _____ REGISTRATION# _____
OWNER _____ NRHA # _____
ADDRESS _____ PHONE _____
NON PRO EXHIBITOR _____ NRHA # _____
CELL PHONE _____
MAKE CHECK PAYABLE TO: OWNER _____ RIDER _____

CLASS NAME	ENTRY FEE	
Entries close December 1. No entries accepted after this date.		
NON PRO DERBY	\$250.00	_____
INTERMEDIATE NON PRO DERBY	\$250.00	_____
LIMITED NON PRO DERBY	\$250.00	_____
ROOKIE NON PRO DERBY	\$100.00	_____
PRIME TIME NON PRO DERBY	\$250.00	_____
(MUST ENTER NON PRO DERBY)		

Total _____

ALL MONIES FOR THE NON PRO DERBY WILL BE PAID OUT AS A JACKPOT. HORSE AND RIDER MUST BE ENTERED IN CORRESPONDING SCOTTSDALE AMATEUR CHAMPIONSHIP REINING CLASS. NON PRO DERBY WILL BE RUN CONCURRENTLY WITH THAT CLASS. THIS IS NOT AN NRHA EVENT.

Release

In consideration of my participation in the equine event know as the Scottsdale Arabian Horse Show, NRHA approved Reining, I hereby grant the ARHA and NRHA the right to record, broadcast and other wise exploit, in any and all media throughout the world, my performance in the event, and to use my and my horse's name, likeness, voice and biographical information in connection therewith.

I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the Arabian Reining Horse Association and the National Reining Horse Association, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors, and assigns, from and against any of my participation in the event including without limitation, any personal injuries or damages to my property which I may incur as a result of performing in a reining horse class.

I have read and understand the terms and conditions of the entry and agree to abide by those terms and conditions and the NRHA rules and regulations.

I have the authority and hereby do, by making this entry, assume responsibility for and bind owner rider and/or agent to the terms and conditions of the Release and Waiver of Liability.

I warrant that I am of legal age and that I have read and fully understand the foregoing terms.

PRINT NAME _____ **SIGNATURE** _____

MAIL THIS ENTRY FORM:

PHYLLIS LAMALFA
ARHA
P.O. BOX 25908
SCOTTSDALE, AZ 85255

PHONE: 480.513.4040
FAX: 480.513.3902
E-MAIL: PHYLLIS@AZCASHTITLE.COM

SCOTTSDALE HORSE SHOW ENTRIES MUST BE MAILED SEPARATELY AND TO SCOTTSDALE HORSE SHOW ADDRESS.

ALL STALLS MUST BE PURCHASED WITH THE SCOTTSDALE HORSE SHOW ENTRIES.