

## OPEN NRHA CLASSES ENTRY FORM

**EXHIBITOR #** \_\_\_\_\_  
**HORSE'S NAME** \_\_\_\_\_  
**PUREBRED OR HALF ARABIAN**  
**OWNER** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**OPEN EXHIBITOR** \_\_\_\_\_  
**MAKE CHECK PAYABLE TO: OWNER** \_\_\_\_\_  
**NRHA COMP#** \_\_\_\_\_  
**REGISTRATION#** \_\_\_\_\_  
**NRHA #** \_\_\_\_\_  
**PHONE** \_\_\_\_\_  
**NRHA #** \_\_\_\_\_  
**RIDER** \_\_\_\_\_

CLASS NAME	ENTRY FEE	TROPHY
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Entries close December 15 No entries accepted after this date.

OPEN NRHA CLASS	\$100.00	MORRISON _____
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**ALL MONIES FOR THE OPEN NRHA CLASSES WILL HAVE \$1000.00 ADDED MONIES AND WILL PAY OUT TO NRHA SCHEDULE B PAYOUT SCHEDULE. HORSE AND RIDER MUST BE ENTERED IN CORRISPONDING SCOTTSDALE OPEN CHAMPIONSHIP REINING CLASS. NRHA OPEN CLASS WILL RUN CONCURRENTLY WITH THAT CLASS.**

**TOTAL DUE:** \_\_\_\_\_

### 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](mailto: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.