

SHOW TAB SHEET

BACK # _____

**A Signed Check MUST
BE LEFT!
Make checks payable to:**

Circle one: Mare Gelding Stallion ROM Yr Earned _____

Horse's Name _____

Year Foaled _____ Registration # _____ NRHA License # _____

Owner _____

City _____ State _____ Zip _____

YOUTH Information- EXACTLY as listed on your AQHA Card (Small Fry Also)

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

AQHA Card # _____ Exp Date _____

Relationship to Owner _____

AMATEUR Information - EXACTLY as listed on your AQHA Card

Exhibitor's Name _____ Birthday ___/___/___

Address _____

City _____ State _____ Zip _____

AQHA Card # _____ Exp Date _____

Relationship to Owner _____

OPEN Information - EXACTLY as listed on your AQHA Card

Exhibitor's Name _____

Address _____

City _____ State _____ Zip _____

AQHA Card # _____ Exp Date _____ NRHA # _____ Exp _____

WTQHA

Responsible Party _____	Stalled with _____
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Tack Stall _____
Shavings _____
Hook up _____
Check # _____

Horses are entered at your own risk and are subject to AQHA rules, under which the following classes will be conducted. In case of death, accident, injury, illness or theft, to the exhibitor, their family, horses or property, NO CLAIMS will be honored against WTQHA, AQHA, or any member of the show management team. This show /classes are subject to video recording. By signing below, you acknowledge and agree to the above.

Signature of Participant _____ Date _____

Cell phone of participant AT THE SHOW _____

OVER FOR RELEASE OF LIABILITY

MUST BE SIGNED



Release of Liability

Release of Liability This agreement releases West Tennessee Quarter Horse Association (WTQHA), Moffett Quarter Horses, PBKHorseShows, Agri Center Show Place Arena, show vendors and/or their directors, officers, employees, representatives and agents from all liability or claims of every nature relating to any/all risks that may occur while attending the 2020 WTQHA Summer Circuit. By signing this agreement, I agree, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, personal representatives, and any minor over whom I have custody or control or serve as guardian (collectively "I") to hold West Tennessee Quarter Horse Association and all others listed above entirely free from any liability including financial responsibility in case of death, accident, injury, illness, theft or loss of articles, to the exhibitor, their family, horses or property, regardless of whether injuries or sickness are caused by negligence or otherwise. NO CLAIMS will be honored against WTQHA, AQHA, or any member of the show management team or sponsoring organization(s). By attending this event I enter into an understanding that I am voluntarily participating at my own free will and assume any and all health risks including potential death associated with communicable diseases including but not limited to the spread of COVID-19 while travelling to and attending public events. I will take no claim against WTQHA, the show grounds and/or its owners, employees, and/or representatives. I do not have any conditions that will increase my likelihood of contracting COVID-19. I also do not have a fever or other symptoms of COVID-19. Should I become ill, whether before or after attendance at either or both shows, I promise to self-report the illness, self-quarantine and will adhere to testing and other illness related guidelines. I will practice proper social distancing as recommended by health department directives, good hygiene (handwashing, hand sanitizer, mask/gloves when required) and follow all other health recommendations ordered or suggested.

By signing below, I forfeit all right to bring a suit or claim against WTQHA, Moffett Quarter Horses, PBK Horse Shows, Agri Center Showplace Arena, show vendors and/or their directors, officers, employees, representatives and agents for any reason. I will also make every effort to obey safety and health directives.

I, _____, fully understand and agree to the above terms.

Participant Signature _____ Date: ___ / ___ / ___ .

Participant Name (PRINT) _____ .

Email: _____ Telephone: _____ .

Parent/Guardian Signature (if under 18 years of age) _____

Date: _____ Temperature _____