

ARHA ENTRY AGREEMENT

All entries to the Arabian Reining Horse Association (“ARHA”) Futurity and Maturity Reining events are accepted by ARHA with the understanding that ARHA will not be held responsible for any loss, damage or injury to any horse exhibited or any article of any kind. All horses shall be under the control and direction of the Show Committee of the Scottsdale Arabian Horse Show and the show officials of ARHA but solely at the risk of the exhibitor, who will be responsible for any loss, damage or injury to any person, animals or property occasioned by him, his agents or employees, or by any animal owned or exhibited by him, and shall indemnify ARHA against any and all loss, damages and liability thus occasioned, including, but not limited to, any and all legal costs, including attorney fees, which may be incurred as a result thereof. Exhibitors, grooms, handlers, owners, etc. are hereby warned that they may not use any device or conduct which may cause harm to any other person(s), horses, or equipment. UPON SUBMITTING AN ENTRY, I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN, AND SUFFERING, AND PROPERTY DAMAGE. I agree that I choose to participate voluntarily in this competition as a rider, handler, lessee, owner, agent, coach, trainer, junior exhibitor, or as a parent or guardian of a junior exhibitor. THE SUBMISSION OF AN ENTRY FORM TO ARABIAN REINING HORSE ASSOCIATION SHALL CONSTITUTE AN ACCEPTANCE BY EACH PERSON SIGNING SAME OF THE PROVISIONS HEREIN SET FORTH.

Signature: _____ Date: _____

Printed Name: _____

Parent or Guardian’s Guarantee

I, _____, represent and warrant that I am the parent or legal guardian of the participant above, that I am of legal age and that I have read and fully understand the foregoing release and agree for participant’s heir, successors and assigns, and for participant’s legal representative to be bound by the terms thereof.

Signature: _____ Date: _____

Printed Name: _____

Participant’s Name: _____

PLEASE COMPLETE AND RETURN WITH THE ARHA ENTRY FORM.