



**CAHC Southern Division**  
**2017 One Day Show at Latigo**  
**September 2<sup>nd</sup> 2017**  
**Arabian/Half Arabian/Anglo Arabian Entry**  
**Form**

SEND TO: Jo-Anne Read  
 POB 129  
 Elbert. CO. 80106  
 303-648-3261  
 windyjj@aol.com

Horse Name \_\_\_\_\_ Registry \_\_\_\_\_ Registration # \_\_\_\_\_  Sex \_\_\_\_\_ Year Foaled \_\_\_\_\_

Owner Name \_\_\_\_\_ (exactly as it appears on papers) AHA # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Exhibitor 1 Name \_\_\_\_\_ AHA \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Birthdate (MM/DD/YY) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
 Class #: \_\_\_\_\_

Exhibitor 2 Name \_\_\_\_\_ AHA \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Birthdate (MM/DD/YY) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
 Class #: \_\_\_\_\_

Exhibitor 3 Name \_\_\_\_\_ AHA \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Birthdate (MM/DD/YY) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
 Class #: \_\_\_\_\_

Trainer Name \_\_\_\_\_ AHA \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone \_\_\_\_\_

_____ Class Fee @ \$10	\$ _____
_____ Office Fee @ \$25	\$ 25.00
_____ **AHA Single Event Member Fee @ \$35/person	\$ _____
_____ **Resolution 9-90 @ \$4 (mandatory per horse if 'R' judge)	\$ 4.00
_____ **AHA Results Fee Per Horse \$4 ** For Arabian Horses only	\$ 4.00
_____ Event Fee @ \$20	\$ 20.00
_____ Schooling Fee Friday \$15	\$ _____
Sponsor Buy A Class (TBA) \$10.00	\$ _____
.Stall Fees \$25 per night	\$ _____
***Must clean before leaving***	
<b>Total:</b>	\$ _____
<b>Checks Payable to: CAHC Southern Division</b>	

**Please read and complete release**

**ASSUMPTION OF RISK, RELEASE AND HOLD HARMLESS AGREEMENT**

I agree as follows by signing this entry:  
 I choose for myself (or as parent or guardian to permit a junior exhibitor) to participate voluntarily in this competition. I AM FULLY AWARE AND ACKNOWLEDGE THAT PARTICIPATION IN THIS COMPETITION INVOLVES SERIOUS RISKS OF HARM, INCLUDING PERSONAL INJURIES, DEATH AND DAMAGES TO PROPERTY. I ASSUME ALL RISKS OF HARM AND DAMAGES TO ME, MY HORSE AND PROPERTY.  
 I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS (including from damages, costs and attorney fees) Arabian Horse Association, the Competition, the facilities, and all of their respective Agents, Servants, Employees and Volunteers (Collectively the "Released Parties") from any claims, relating to the competition and my participation in the competition, belonging to me, or legally caused by me or my Horse, for any kind of damages, losses, or injuries to myself, other persons, horses or property to the fullest extent permitted by law.  
 I further agree to adhere to the rules set forth in the Arabian Horse Association One Day Show Rules & Guidelines and understand all decisions made by the judge are deemed final and can not be protested.

_____	_____	_____
Exhibitor or Parent/Guardian	Trainer	Owner or Agent
_____	_____	_____
Date	Date	Date