



AZVRHA

Clinic Entry Form

REC'd _____

FRIDAY February 22, 2019

Participant Name:		Email:	
Address:	City:	State/Zip:	
Best Contact Phone:		WSVRHA Member No.	
Emergency Contact and Phone #			

Owner Information:

Owners Name:		Email:	
Address:	City:	State/Zip:	
Best Contact Phone:		WSVRHA No.	AQHA No.

Horse Information:

Name of Horse:		AQHA Reg. #
Year Foaled:	WSVRHA Horse ID:	<i>Must have copy of AQHA papers for AQHA entry</i>

Clinic - Sarah Clifford and Mike Lund	x	\$150.00	_____
Trail Warm-Up Only - After 4:00pm	x	\$10.00	_____

Total	_____
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****** Entry Due Date - February 16th, 2019 ******

Make checks payable and mail to:

**Arizona Versatility Ranch Horse Association
650 W Fir Street, Camp Verde, Az 86322
Email: Info@AzVRHA.org Tel. 928-699-9668**

Release: Under Arizona Law, an equine professional is not liable for injury to or death of a participant in equine activities resulting for the inherent risks of equine activities, pursuant to Arizona Revised Statutes, Title 12, Chapter 5, Article 3. I/We hereby request to enter the event indicated and agree to abide by the bylaws, standing rules, judging and rules of the respective organizations involved with this event. I/We hereby release WSVRHA, AzVRHA and any other involved organizations and its members, officers, and employees from any loss to myself, employees, agents, horses and/or equipment while attending and/or participating in this event. The provisions contained herein are hereby made a part of this entry agreement. In addition, the general understanding of any "publication, video, and internet consent and release agreement" is incorporated in this release including: no monetary considerations, photo, video or verbal statements may be used now and in the subsequent years as the program deems fit; is binding upon heirs and/or future legal representatives.

Participant Signature: _____ **Date:** _____