



# 2019 Kickoff Clinic Entry Form

REC'd \_\_\_\_\_

**November 3rd, 2018**

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

**\*\* Required Information**

**Owner Information:**

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

**Horse Information:**

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

<b>Clinic Only</b>	<input type="checkbox"/>	\$150.00	_____
<b>Youth - Clinic ONLY</b>	<input type="checkbox"/>	\$95.00	_____
<b>Trail Warm-Up Only - After 4:00pm (only if you are not in the clinic)</b>	<input type="checkbox"/>	\$10.00	_____

***Be ready to ride 8:30am riders meeting***

<b>Total</b>	_____
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**\*\*\*\* Entry Due Date - October 29, 2018\*\*\*\***

**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:** \_\_\_\_\_