

ROAD RUNNER CLASSIC ABRA/ApHC/ALL BREED SHOW - MAY 4 & 5, 2024 - ENTRY FORM

<b>Responsible Party</b>					<b>Back Number (Will be assigned at show)</b>			
Horse		Reg. #			Sex		Year Foaled	
Owner Name					Membership #		Breed	
Address					Membership #		Breed	
City		State		Zip		Phone #	Email	

<b>Exhibitor Name</b>					<b>CLASSES</b>			
Address								
City/State/Zip								
Membership #		Breed		Novice				
Birthdate (Youth/Am/NP)		Amateur/Non Pro		Youth				
Relationship to Owner								

<b>Exhibitor Name</b>					<b>CLASSES</b>			
Address								
City/State/Zip								
Membership #		Breed		Novice				
Birthdate (Youth/Am/NP)		Amateur/Non Pro		Youth				
Relationship to Owner								

<b>Exhibitor Name</b>					<b>CLASSES</b>			
Address								
City/State/Zip								
Membership #		Breed		Novice				
Birthdate (Youth/Am/NP)		Amateur/Non Pro		Youth				
Relationship to Owner								

<b>SEND COPY OF REGISTRATION PAPERS AND ASSOCIATION MEMBERSHIP CARDS WITH ENTRIES TO <a href="mailto:kathrynerickson9@gmail.com">kathrynerickson9@gmail.com</a></b>						<b>For Office Use Only</b>		
<p>All protests must be filed in accord with ApHC Rules.</p> <p>An equine professional, or any other person, which shall include a corporation, partnership, or limited liability company, shall not be liable for an injury to or death of a participant resulting from the intrinsic dangers of equine activities. There are risks inherent in equine activities, including (i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and (iii) hazards of surface or subsurface conditions. No participant nor any participant's parent, guardian, or representative shall have or make any claim against or recover from any equine activity sponsor, equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the intrinsic dangers of equine activities.</p> <p>Signature: _____ Date: _____                  (Parent or Guardian must sign for Youth under 18 to participate)</p>						Office Fee	Pre	Post
						Stalls		
						Shavings		
						Trail/Equipment		
						Point Fees		
						Blanket Fee	AB	Youth
							ApHC	ABRA
						Additional Fee		
						Total		
						Check #		