

**ENTRY FEE:  
ROOKIE - \$200 USD  
YOUTH - \$100**

**Make checks payable to:  
RHSF**

*Bring with you to your Rookie Day  
event.*

## RHSF Rookie Day Entry Form

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Back No.

Horse's Name \_\_\_\_\_

NRHA License # \_\_\_\_\_

Owner \_\_\_\_\_

NRHA ID # \_\_\_\_\_

Co-owner \_\_\_\_\_

NRHA ID # \_\_\_\_\_

Rider \_\_\_\_\_

NRHA ID # \_\_\_\_\_

*(must be member of NRHA affiliate)*

Address of Rider \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Release and Waiver of Liability

I, \_\_\_\_\_, (participant), understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the National Reining Horse Association and Reining Horse Sports Foundation, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs and expenses including reasonable attorney's fees arising out of my participation in the event, including without limitation, any personal injuries or damage to my property which I may incur as a result of performing in a reining horse class.

I have read and understand the terms and conditions of the entry into this event and agree to abide by those terms and conditions.

I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Release and Waiver of Liability.

I warrant that I am of legal age and that I have read and fully understand the foregoing terms.

Signature:		ID #:	
Print Name:			
Phone:			
Date Signed:			

### Required Papers

- HEALTH PAPERS  
 COGGINS (within 12 months)

**Yes, I would like to make an additional tax deductible donation to the  
Reining Horse Sports Foundation!**

\$10  \$20  \$50  \$100  Other: \_\_\_\_\_

***THANK YOU FOR YOUR SUPPORT OF THE RHSF  
AND REINING!***

### FOR OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_

Amt. Pd: \_\_\_\_\_ Ck #: \_\_\_\_\_

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