

Horse Name: _____ Sex _____ Year Foaled _____

Horse Reg. No.: _____ NSBA Reg No _____

Owner: _____ Owner AQHA ID: _____

Address: _____ Owner NSBA: _____

Phone: _____ Email: _____

A

Exhibitor A
 Exhibitor Name: _____ DOB: _____ Relationship _____
 AQHA ID Number: _____ Exp _____ NSBA ID _____ Exp _____
 Address: _____ City State Zip _____ Phone: _____
 Email: _____ Type of exhibitor : Youth Amateur Open

B

Exhibitor B
 Exhibitor Name: _____ DOB: _____ Relationship _____
 AQHA ID Number: _____ Exp _____ NSBA ID _____ Exp _____
 Address: _____ City State Zip _____
 Phone: _____
 Email: _____ Type of exhibitor : Youth Amateur Open

C

Exhibitor C
 Exhibitor Name: _____ DOB: _____ Relationship _____
 AQHA ID Number: _____ Exp _____ NSBA ID _____ Exp _____
 Address: _____ City State Zip _____ Phone: _____
 Email: _____ Type of exhibitor : Youth Amateur Open

Stable association

I (We) hereby release show management and the above referenced show from any claim or loss to myself, employees, horses and/or equipment. Under Mississippi Law, an Equine Professional is not liable for any injury to or death of a participant in equine activities resulting from the inherent risks of Equine Activities. By signing this release, I agree to the health guidelines for this event and assume all risk.

Signature: _____

Date: _____

Diane Gage
dimgage@live.com
 (316) 737-3309
 1000 E 117th ST N
 Sedgwick, KS 67135

Please indicate which exhibitor:

AQHA/PHBA NSBA

		255	WT Western PI Supported
		256	WJ Western PI Independent
		257	WJL Western Pleasure
		258	WJ Horsemanship Supported
		259	WJ Horsemanship Independent
		260	WJL Horsemanship
		261	WJ Trail Supported
		262	WJ Trail Independent
		263	WJL Trail
		264	WJ Reining Independent
		265	WJL Reining
		266	Walk Only Showmanship
		267	WT Showmanship
		268	WT Hunter Under Saddle Supported
		269	WT Hunter Under Saddle Independent
		270	WTC Hunter Under Saddle
		271	WT Equitation Supported
		272	WT Equitation Independent
		273	WTC Equitation