

ENTRY NUMBER _____

2022 MHCoFT RANCH SCHOOLING SHOW
ONE ENTRY FORM PER HORSE/RIDER



COGGINS INFORMATION: ACC. # _____ TEST DATE _____ LAB _____

Please provide a copy of negative Coggins test for the office to keep on file.

HORSE NAME _____ BREED _____

EXHIBITOR'S NAME _____ [] 12 OR UNDER [] 17 -13 [] ADULT

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL (ADULT ONLY) _____

OWNER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

TRAINER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

CLASS(ES) ENTERED: # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____

HIGH POINT DIVISION (CIRCLE): OPEN NON-PRO YOUTH NOVICE HORSE NOVICE RIDER
WALK/TROT 17 & UNDER WALK/TROT 18 & OVER

HOW DID YOU FIND OUT ABOUT OUR SHOW SERIES? _____

WARNING: Pursuant to Chapter 87 of the Texas Civil Practice and Remedies Code, this release of liability is made and entered into on the date indicated below, by and between the Morgan Horse Club of Texas (hereinafter "MHCoFT") and Exhibitor listed above (hereinafter "Exhibitor"); if Exhibitor is a minor, then Exhibitor's parent or guardian. Exhibitor agrees to assume any and all risks involved in or arising from Exhibitor's use or presence upon the facilities of MHCoFT, including, without limitation but not limited to, the risks of death, bodily injury, property damages, falls, kicks, bites, collisions with vehicles, horses or stationary objects, or the negligent or deliberate acts of another person. Exhibitor agrees to hold MHCoFT and all of its successors, assigns, members and/or officers completely harmless and not liable and release them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries damages, costs or expenses arising out of Exhibitor's use of or presence upon the facilities of MHCoFT, including without limitation but not limited to, the risks of death, bodily injury, property damage, including consequential damage, except if the damage are caused by the direct, willful or wanton negligence of MHCoFT. Exhibitor agrees to indemnify and defend MHCoFT against, and hold it harmless from, any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees which in any way arise from Exhibitor's use of or presence upon MHCoFT's facilities. Exhibitor agrees to abide by all MHCoFT rules and regulations. EXHIBITOR ACKNOWLEDGES THAT THEY HAVE READ, UNDERSTAND AND COMPLY WITH THE WARNING ABOVE.

X _____ X _____
EXHIBITOR (PARENT OR LEGAL GUARDIAN IF UNDER 18) HORSE OWNER OR AGENT DATE

***** FOR OFFICE USE ONLY *****

NUMBER OF CLASSES _____ @ \$10.00 EACH = \$ _____ DATE _____

SPONSORSHIP _____ = \$ _____ [] CASH \$ _____ [] CHECK # _____ / \$ _____

OFFICE FEE @ \$25.00 PER HORSE/RIDER COMBO = \$ 25.00 _____ STALL NUMBER(S) _____ / _____ / _____

_____ STALLS/TACK FEE @ \$25.00 PER STALL = \$ _____ [] PAYMENT COMBINED WITH OTHER ENTRY FORM(S)

NOTES: TOTAL = \$ _____ ENTRY #(S) _____ / _____ / _____ / _____