

**SHOW TAB SHEET**

**BACK #** \_\_\_\_\_

**Make checks payable to: MQHA**

Circle one:            Mare            Gelding            Stallion            ROM Yr Earned \_\_\_\_\_            Horse Stall \_\_\_\_\_

Horse's Name: \_\_\_\_\_            Tack Stall \_\_\_\_\_

Year Foaled: \_\_\_\_\_            AQHA Reg #: \_\_\_\_\_            Shavings \_\_\_\_\_

Owner: \_\_\_\_\_            Hook up \_\_\_\_\_

City: \_\_\_\_\_            State: \_\_\_\_\_            Zip: \_\_\_\_\_            Check# \_\_\_\_\_

**Exhibitor 1- EXACTLY as listed on your AQHA Card (Small Fry Also)**

Exhibitor's Name \_\_\_\_\_            Birthday \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

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

AQHA Card # \_\_\_\_\_            Exp Date \_\_\_\_\_            NSBA # \_\_\_\_\_            Exp Date: \_\_\_\_\_

Relationship to Owner \_\_\_\_\_

**EXHIBITOR 2 - EXACTLY as listed on your AQHA Card**

Exhibitor's Name \_\_\_\_\_            Birthday \_\_\_/\_\_\_/\_\_\_

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

AQHA Card # \_\_\_\_\_            Exp Date \_\_\_\_\_            NSBA # \_\_\_\_\_            Exp Date: \_\_\_\_\_

Relationship to Owner \_\_\_\_\_

**EXHIBITOR 3 - EXACTLY as listed on your AQHA Card**

Exhibitor's Name \_\_\_\_\_            Birthday \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

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

AQHA Card # \_\_\_\_\_            Exp Date \_\_\_\_\_            NSBA # \_\_\_\_\_            Exp Date: \_\_\_\_\_

Relationship to Owner \_\_\_\_\_

Stalled with \_\_\_\_\_

Responsible Party \_\_\_\_\_

**AGREEMENT AND WAIVER - MUST BE SIGNED I hereby enter the above horse at my own risk and subject to all rules and regulations of the show and sponsoring associations under which the following classes will be conducted. In case of death, accident, injury, theft or loss of articles, to the exhibitor, their family, horses or property, NO CLAIMS will be honored against MQHA, AQHA, or any member of the show management team or sponsoring organization(s). By attending this event I enter into an understanding that I am voluntarily participating at my own free will and assume any and all health risks associated with communicable diseases including but not limited to the spread of COVID-19 while travelling to and attending public events. I will take no claim against the horse association, the show management, the show grounds and/or its owners, employees, and/or representatives. This show /classes are subject to video recording.**

*I have read and understand the terms and conditions of the event and agree to abide by those terms and conditions and the AQHA Rule Book for this class/classes and division. 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 the Release of Waiver Liability. I warrant that I am of legal age or am the parent or legal guardian of the participant named above, and that I have read and fully understand the foregoing terms.*

**Signature of Participant** \_\_\_\_\_            **Date** \_\_\_\_\_

**Cell phone of participant AT THE SHOW** \_\_\_\_\_

**Email Address** \_\_\_\_\_            **OVER FOR CLASSES →**