

2024 TQHA FUNDAMENTALLY FUN – Entry Form

Circle One: Mare Gelding Stallion	BACK # _____
Horse's Name: _____	
Year Born: _____ AQHA Registration #: _____	
Owner: _____	AQHA #: _____ Exp ___/___/_____
Address: _____	TQHA #: _____ Exp ___/___/_____
City: _____ State: _____ Zip: _____	
	Email: _____
YOUTH Information – <u>EXACTLY</u> as it is listed on your card (Exhibitor #1)	
Exhibitor's Name _____ Birthday: ___/___/_____	
Address: _____ City/State/Zip: _____	
AQHA # _____ Exp Date: ___/___/_____	
Phone _____ Email _____	
Relationship to owner: _____	
AMATEUR/SELECT Information – <u>EXACTLY</u> as it is listed on your card (Exhibitor #2)	
Exhibitor's Name _____ Birthday: ___/___/_____	
Address: _____ City/State/Zip: _____	
AQHA # _____ Exp Date: ___/___/_____	
Phone _____ Email _____	
Relationship to owner: _____	
OPEN Exhibitor # 1 Information – <u>EXACTLY</u> as it is listed on your card (Exhibitor #3)	
Exhibitor's Name _____	
Address: _____ City/State/Zip: _____	
AQHA # _____ Exp. Date: ___/___/_____ NSBA Card# _____ Exp. Date: ___/___/_____	
Phone _____ Email _____	
OPEN Exhibitor # 2 Information – <u>EXACTLY</u> as it is listed on your card (Exhibitor #4)	
Exhibitor's Name _____	
Address: _____ City/State/Zip: _____	
AQHA # _____ Exp. Date: ___/___/_____	
Phone _____ Email _____	

Presentation of a signed entry form shall be deemed acceptance of all the rules pertaining to this show. In the event of failure to sign an entry form, then first entry of horse or an exhibitor into the show ring shall be deemed to be acceptance of Premium Book and current AQHA Rule Book and TQHA rules. I certify that all information submitted is correct, that I have read the rules for the TQHA Fundamentally Fun and that all horses and exhibitors are eligible for all classes and divisions entered. Horses are entered at your own risk and are subject to AQHA rules, under which this show will be conducted. In case of death, accident, injury or theft to the exhibitor, family, horses or property, no claims will be honored against the AQHA and TQHA and/or all those associated.

SIGNATURE OF PARTICIPANT: _____

CELL PHONE of participant **AT THE SHOW:** _____

Example

Exhibitor 1		Exhibitor 2		Exhibitor 3	
Name: Suzy Smith		Name: Margaret Smith		Name: Amanda Johnson	
Class #	Class Name	Class #	Class Name	Class #	Class Name
11	L1 Youth 3 & Over Mares	74	L1 Am Equitation	90	Open Western Riding
If more than 3 exhibitors, you may make additional copies & record Exhibitor #4, #5, etc.					
Exhibitor 1		Exhibitor 2		Exhibitor 3	
Name:		Name:		Name:	
Class #	Class Name	Class #	Class Name	Class #	Class Name

This page can be copied for additional exhibitors or classes as need.

Once you enter and submit your forms, additional classes must be added at the show Office

TQHA Credit Card Authorization Form

Name on card: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone number of person on card: _____

Card Number: _____

Security Number: _____ Exp. Date: _____

I agree to allow TQHA to charge my card for anything related to entries.

Signature of Card Holder

LIABILITY RELEASE

This Release of Liability is made and entered into today by and between Texas Quarter Horse Association (TQHA) and the Exhibitor listed below, or, if the Exhibitor is a minor, by the Exhibitor's parent or court-appointed legal guardian.

I, _____, and/or my child(ren) (named here if applicable), _____, wish(es) to participate in the TQHA Introductory Show to be held December 14-15, 2024 Bryan, Texas.

I understand that during this event, as either a participant or spectator, I or my child (if applicable) will be in close proximity to horses under circumstances which may expose me or my child (if applicable) to risk of accident, injury or death because of the nature of horses, the facility, and the activities in which I or my child (if applicable) will be participating or watching as a spectator.

As the Exhibitor or the minor Exhibitor's Parent/Legal Guardian, I agree to assume any and all risks involved in or arising from my or my minor child's participation in or his/her presence at TQHA's activities, including, but not limited to, death, bodily injury from falls, kicks, bites, collisions with vehicles, horses or any stationary object, property damage or loss, injury or death of horses, or the negligence or deliberate act of another person.

In consideration for the Texas Quarter Horse Association (TQHA) allowing my or my child's attendance and participation in this or any other TQHA event, on behalf of myself, my heirs, administrators, personal representatives, assigns, children and spouse, if any, I do hereby agree to hold harmless and to not bring any claims, demands, legal actions or cause of action, or any legal liability whether known or unknown, anticipated or unanticipated, for any reason against TQHA, including, but not limited to, their officers, directors, members, agents, representatives, volunteers, employees, affiliates, and insurers, of and from all claims, demands, causes of action, and any legal liability whether known or unknown, anticipated or unanticipated, for any reason.

I understand and willingly agree that TQHA, its officers, directors, members, agents, representatives, volunteers, employees, affiliates, and insurers are not responsible for any accident, damage, or loss, including but not limited to, bodily injury, death, injury or death to my horse(s), property damage, vandalism, or theft arising out of my or my child's attendance and/or participation in this event or any other TQHA event.

WARNING

**UNDER TEXAS LAW (CH. 87, CIVIL PRACTICE AND REMEDIES CODE),
A LIVESTOCK SHOW SPONSOR IS NOT LIABLE
FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN A LIVESTOCK SHOW
RESULTING FROM THE INHERENT RISKS OF LIVESTOCK SHOW ACTIVITIES.**

**SIGNATURE OF PARTICIPANT 18 OR OVER or PARENT/
LEGAL GUARDIAN OF A CHILD UNDER THE AGE OF 18**

DATE SIGNED