



# SUMMER SIZZLER AVS

Include a copy of horse registration papers & copy of owner/trainer/exhibitor AHA Competition Membership cards if applicable

SEND TO:  
 Evette Moody, Show Secretary  
 6168 Quinella Way  
 Centerville, Ohio 45459  
 blueribbonhs@sbcglobal.net  
 (937)623-7934

	Horse's Name				Reg. No.		DOB MM/DD/YY	Sex	Color
	Breed		Sire		Dam				
Rider 1	Classes								
	Name				DOB MM/DD/YY		Amateur Certificate Yes No		
AHA #				Amateur Relationship to horse owner					
Address				City		State		Zip	
Rider 2	Classes								
	Name				DOB MM/DD/YY		Amateur Certificate Yes No		
AHA#				Amateur Relationship to horse owner					
Address				City		State		Zip	
Rider 3	Classes								
	Name				DOB MM/DD/YY		Amateur Certificate Yes No		
AHA#				Amateur Relationship to horse owner					
Address				City		State		Zip	

**OWNER INFORMATION** Owner name as it appears on registration papers/purchase contract

Name \_\_\_\_\_  
 AHA# \_\_\_\_\_ Farm/Ranch \_\_\_\_\_  
 Current Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

Class Fee @ \$25 \$ \_\_\_\_\_  
 Exhibition Class Fee @ \$10 \$ \_\_\_\_\_  
 Office Fee @ \$25 \$ \_\_\_\_\_  
 Post Entry Fee @ \$25 \$ \_\_\_\_\_  
 AHA Single Event Member Fee \$ \_\_\_\_\_  
 @ \$35/person/per show  
 Resolution 9-90 @ \$7/Horse \$ \_\_\_\_\_  
 AHA Fee @ \$8 \$ \_\_\_\_\_  
 Box Stall @ \$75/Ea \$ \_\_\_\_\_  
 Shavings @ \$8/Ea (2 Bag Min) \$ \_\_\_\_\_  
 Camping @ \$35/Day \$ \_\_\_\_\_  
 ENCLOSED TOTAL FEES \$ \_\_\_\_\_

**TRAINER INFORMATION** (must be filled out, if there is no trainer, owner may write same in trainer information)

Name \_\_\_\_\_  
 AHA# \_\_\_\_\_ USEF/EC# \_\_\_\_\_ USDF# \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

Stable with \_\_\_\_\_

**Make Check Payable to: OVAHA**

**Please read and complete release**

**ASSUMPTION OF RISK, RELEASE AND HOLD HARMLESS AGREEMENT**

I agree as follows by signing this entry:  
 I choose for myself (or as parent or guardian to permit a junior exhibitor) to participate voluntarily in this competition. I AM FULLY AWARE AND ACKNOWLEDGE THAT PARTICIPATION IN THIS

COMPETITION INVOLVES SERIOUS RISKS OF HARM, INCLUDING PERSONAL INJURIES, DEATH AND DAMAGES TO PROPERTY. I ASSUME ALL RISKS OF HARM AND DAMAGES TO ME, MY HORSE AND PROPERTY.  
 I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS (including from damages, costs and attorney fees) Arabian Horse Association, the Competition, the facilities, and all of their respective Agents, Servants, Employees and Volunteers (Collectively the "Released Parties") from any claims, relating to the competition and my participation in the competition, belonging to me, or legally caused by me or my Horse, for any kind of damages, losses, or injuries to myself, other persons, horses or property to the fullest extent permitted by law.  
 I further agree to adhere to the rules set forth in the Arabian Horse Association One Day Show Rules & Guidelines and understand all decisions made by the judge are deemed final and can not be protested.

Owner -** Mandatory	No Junior Signatures	Signature X
Trainer or Custodian of horse @ show -** Mandatory	No Junior Signatures Adult Owner must sign if no trainer	Signature X
Rider 1 -** Mandatory	No Junior Signatures	Signature X
Rider 2 -** Mandatory	No Junior Signatures	Signature X
Rider 3 -** Mandatory	No Junior Signatures	Signature X