



No Frills Classic AVS Horse Show & 4-H Extravaganza

April 10th – April 13th 2025

Arabian Entry Form

	Horse's Name					Reg. No.		DOB MM/DD/YY	Sex	Color	Sweepstakes
	Sire			Dam			Horse WDAA ID#		Horse USDF #		
Rider 1	Classes / Sections										TOTAL FEES
	Entry Fees										\$
Name					DOB MM/DD/YY		Amateur Certificate		Rider's Relationship to horse owner(s) for owner classes		
AHA#			WDAA #			USDF#			US Citizen:		
Address					City			State		Zip	
Rider 2	Classes / Sections										TOTAL FEES
	Entry Fees										\$
Name					DOB MM/DD/YY		Amateur Certificate		Rider's Relationship to horse owner(s) for owner classes		
AHA#			WDAA #			USDF#			US Citizen:		
Address					City			State		Zip	
Rider 3	Classes / Sections										TOTAL FEES
	Entry Fees										\$
Name					DOB MM/DD/YY		Amateur Certificate		Rider's Relationship to horse owner(s) for owner classes		
AHA#			WDAA #			USDF#			US Citizen:		
Address					City			State		Zip	

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers
Minor entrants must also have parent/guardian signature(s) on the back., releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES

Photo copies of AHA, USEF/EC, Membership cards for each Rider/Driver/Handler/Coach/Trainer/Owner,
Horses Registration papers & Purchase contract if applicable.

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

Name _____
If Joint owner check one: ☐ Non Related Co Owner ☐ Related – What is the Relationship? _____
AHA# _____ WDAA# _____ USDF# _____
Farm/Ranch _____
Current Address _____ Phone _____
City _____ ST _____ Zip _____
Email _____

TRAINER INFORMATION (must be filled out, if there is no trainer, the person responsible for the horse at the show)

Name _____
AHA# _____ WDAA # _____
Address _____ Phone _____
City _____ ST _____ Zip _____
Email _____

Stall With: _____

Total Class Fees ----- \$ _____

Office Fee (per horse) @ \$40 ----- \$ _____

Late Office Fee (after 4/15) @ \$45 ----- \$ _____

AHA Resolution 9-90 per horse @ \$5 ----- \$ _____

AHA Recording Fee per horse @ \$7 ----- \$ _____

Stalls @ \$100 Thurs-Sun ----- \$ _____

Single Day Stall @ \$50 ----- \$ _____

Trail Fee per horse \$10 ----- \$ _____

AHA Single Event Fee @ \$40 per person \$ _____

Camper Fee \$45/per night ----- \$ _____

Shavings \$10.50 per bag ----- \$ _____

Hay \$20 per bale ----- \$ _____

TOTAL FEES DUE ----- \$ _____

ENTRIES CLOSE – Date 4/1/25 Make Checks payable to CAHC

Mail to:

Cheryl McMahon

21710 E Heritage Pkwy, Aurora, CO 80016

303-881-7203

CheryMc62@gmail.com

ALL ENTRY FORMS MUST BE ACCOMPANIED BY A SIGNED WAIVER FORM

Check # or CC # _____

Name on CC: _____

Exp Date: _____ Security Code: _____

Billing Zip Code: _____

Total: _____

Please read and complete release

AHA ENTRY AGREEMENT

I have read the rules concerning competitions as printed in the Arabian Horse Association® (AHA®) Handbook and the Value Show Rules and agree to be bound by and subject to those Rules **and understand all decisions made by the judge are deemed final and can not be protested.**

AHA ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

This document waives very important legal rights. Read it carefully before signing.

In consideration for AHA permitting me to participate in this Competition, and by signing the entry blank, I agree as follows:

I AGREE that I choose to participate voluntarily in this Competition, as a rider, driver, handler, leasee, owner, agent, coach, trainer, junior exhibitor, or as a parent or guardian of a junior exhibitor. **I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN AND SUFFERING, AND PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY.**

I AGREE as a Horse Show Participant (or Parent/Guardian of Participant if a minor) to waive all claims which may otherwise arise from, including but not limited to infectious bacteria, viruses, fungi/mold, parasites or other agents which may be present at the Horse Show (and most other outdoor locations) and can cause infection in humans, as well as in animals.

I AGREE for myself, my heirs, executors, administrators, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and all claims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition **INCLUDING, BUT NOT LIMITED TO, DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES**, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises.

I AGREE to indemnify and hold harmless (that is pay all losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorneys fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control.

I AGREE to accept AS FINAL any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, Equestrian Canada or U.S. Equestrian Federation permit a protest or hearing of such decisions. Should a hearing be requested, **I agree to accept AS FINAL** the decision of the particular hearing body. **I agree to release, hold harmless and not to sue** AHA, the Competition Sponsor, their officers, directors, employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s)' qualifications to enter the Competition or any results of the Competition.

I AGREE that AHA has the sole right to control, sell, supervise or give away (or assign to others the right to do so) the exclusive rights to broadcast, televise, reproduce, transmit and disseminate all or part of this event, and I agree that AHA may use or assign, in any way AHA sees fit, photographs, films, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the Competition for the promotion, coverage or benefit of the Competition or AHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way which implies endorsement of any company, product, product category or service. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

I AGREE and represent that I am qualified and eligible to enter and/or participate in the Competition and every horse I am entering is qualified and eligible as entered .

I FUTHER AGREE that by participating in an Amateur class that I am in compliance with the USEF Amateur rule.

By signing below as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child.

This AHA Assumption of Risk, Release and Indemnification is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AHA, its officers, directors, employees, volunteers or agents shall be in the local district courts or the federal court of the State of Colorado. If any part of this agreement is determined to be unenforceable, all other parts shall remain in effect.

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

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
Rider 4 -** Mandatory	No Junior Signatures	Signature X