

Responsible Party (A SIGNED CHECK MUST BE LEFT): \_\_\_\_\_

**OPEA Go For The Gold Labor Day Circuit - Entry Form**

BACK #

**Please forward entries to: yellowhorsecrt@gmail.com or 4519 Chana Creek Road, Tallassee, AL 36078**

Horses's Registered Name: \_\_\_\_\_ Sex: S M G Yearl Foaled: \_\_\_\_\_  
Registration Number: AQHA: \_\_\_\_\_ PHBA: \_\_\_\_\_ NSBA: \_\_\_\_\_  
Owner: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Register of Merit(s) Earned: Open \_\_\_\_\_ Amateur \_\_\_\_\_ Youth \_\_\_\_\_

Exhibitor #1 Open Amateur Youth DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation to Owner: \_\_\_\_\_  
AQHA/PHBA/NSBA ID Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Exhibitor #2 Open Amateur Youth DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation to Owner: \_\_\_\_\_  
AQHA/PHBA/NSBA ID Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Class Numbers**


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I, the undersigned, hereby release OPEA, AQHA, PHBA, NSBA, facility, their officers, members, agents, employees, representatives, of and from all claims, demands, actions or cause of action of any kind of nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue in favor of myself, my heirs, representatives, or dependents on account of or by reason of any injury, loss or damage, which may be suffered by me or them or any of them or any other property, animate or inanimate, belonging to me or used by me, because of any matter, thing or condition, negligence or default, or any person whatsoever. By my signature below I hereby acknowledge that I meet the criteria for eligibility to compete in the classes entered according to the guidelines set forth in the AQHA, PHBA and NSBA Rule Book.  
I have read and understand the terms and conditions of the event and agree to abide by those terms and conditions and the AQHA/PHBA/NSBA Rule Book for this class/classes and division. I have the authority and hereby do, by making this entry/entries, assume responsibility for and bind owner, rider, and/or agent to the terms and conditions of the Release of Waiver of 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: \_\_\_\_\_ Date: \_\_\_\_\_

Shavings (# of bags): \_\_\_\_\_ Hook-up (# of nights): \_\_\_\_\_ Tack Stall: \_\_\_\_\_ Additional Horse: \_\_\_\_\_ Pattern Book: \_\_\_\_\_