

Responsible Party (A SIGNED CHECK MUST BE LEFT): _____

Tennessee Quarter Horse Association
 Stall Reservations & Information: Deanna Freeland
 Phone: (865) 659-8362
 Email: horsekeeper1@aol.com



Back #: _____
 Paper: ____ AQHA Card: ____

Horse's AQHA Name: _____ Sex: S M G Year Foaled: _____
 Registration Number: _____
 Owner: _____ City: _____ State: _____ Zip: _____
 Register of Merit (s) Earned: Open ____ Amateur ____ Youth ____

Exhibitor # 1 Open Amateur Youth DOB: _____
 Name: _____ Relation to owner: _____
 AQHA ID Number: _____ Exp Date: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Exhibitor # 2 Open Amateur Youth DOB: _____
 Name: _____ Relation to Owner: _____
 AQHA ID Number: _____ Exp Date: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Class Numbers

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Class Numbers

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I, the undersigned, hereby release TQHA, AQHA, 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 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 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: _____