Show Date:		Back Number:	
Name of Horse:		Name of Exhibit	or &DOB:
Sex of Horse:	Age of Horse:		Breed of Horse:
Exhibitor Street Address:	6		
City:	State:		Zip:
Phone:	l .	Email:	1 1
If Minor, Legal Guardian Name:		Emergency Contact Number:	
Class Number		Class Name	
High Point Division(s) you wou Exhibitors who do both walk/trot ar		an only be considered	l for a walk/trot/canter high point)
	TAHA Membership Individual \$20 or Fa		
	# of Stalls:		
	# of Classes:	x \$8	
	# of Leadline Classe	es: x \$3	
	Camping: Circle Or Yes or No	ne	
	Amount Due: Circle	<mark>e One</mark>	
	Cash or Check		
	Negative Coggins ar		

I understand that neither the Troy Area Horsemen's Association nor its officers, board of directors, judges, or organizing committee accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, trainers, spectators, or any other person or property in connection with events held at Alparon Park. I hereby expressly agree for myself and my principals, representatives, employees, and agents: (1) to be bound by the local rules of this competition: (2) that every horse and rider is eligible as entered; (3) and to accept as final any decision the competition officials on any question arising under the competition rules, and agree to hold TAHA, its officers, board of directors, and competition judges, harmless for any action taken. I am fully aware that horse sports and competition involve inherent dangerous risk of serious injury or death and by participating I do so voluntarily and expressly assume any and all risks of injury or loss. PHOTO RELEASE: I hereby grant TAHA permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

C:	\mathbf{r}
Signature:	Date:
Digitature.	Date.