



# 67th ANNUAL DEL MAR NATIONAL HORSE SHOW

Entries close April 2



Cal Bred # \_\_\_\_\_ AQHA # \_\_\_\_\_ NRHA License # \_\_\_\_\_

Horse's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Trainer \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

AQHA # \_\_\_\_\_ NRHA # \_\_\_\_\_ PCHA # \_\_\_\_\_ SS # \_\_\_\_\_

**EXHIBITOR #1**  OPEN  AM  YTH AQHA # \_\_\_\_\_ NRHA # \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ PCHA # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**CLASSES**

Enter Class #s Here											

**EXHIBITOR #2**  OPEN  AM  YTH AQHA # \_\_\_\_\_ NRHA # \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ PCHA # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**CLASSES**

Enter Class #s Here											

**EXHIBITOR #3**  OPEN  AM  YTH AQHA # \_\_\_\_\_ NRHA # \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ PCHA # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**CLASSES**

Enter Class #s Here											

- Total Class Fees**
- Stalls \$140 # \_\_\_\_\_ \$ \_\_\_\_\_
  - Tack \$140 # \_\_\_\_\_ \$ \_\_\_\_\_
  - Non-refundable
  - Drug Fee \$5 \$ \_\_\_\_\_
  - Haul-In Fee, without stall \$25/day \$ \_\_\_\_\_
  - Trail Schooling \$40/horse (Mandatory) \$ \_\_\_\_\_
  - PCHA Horse Fee \$3/horse \$ \_\_\_\_\_
  - AQHA Drug Fee \$4/per Judge \$ \_\_\_\_\_
  - PCHA Non Member Fee \$5 \$ \_\_\_\_\_
  - Post Entry Fee \$25 \$ \_\_\_\_\_
  - TOTAL DUE:** \$ \_\_\_\_\_

**RV Reservation through Feed Store only.**  
Call: (858) 509-5245

**PAYABLE TO: 22nd D.A.A. Equestrian Office**  
2260 Jimmy Durante Blvd.  
Del Mar, CA 92014-2216  
(858) 792-4288

**Please do not mail after March 30**

# \_\_\_\_\_

Mastercard/Visa/Discover Credit Card

X \_\_\_\_\_ V-code \_\_\_\_\_

Signature \_\_\_\_\_ exp. date: / /

**Stable me with:**

\_\_\_\_\_

Trainer  Other

**Trainer's Name:** \_\_\_\_\_

# LIABILITY & MEDICAL RELEASE

Every entry at recognized competition shall constitute an agreement and affirmation that all participants (which include without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse), for themselves, their principals, representatives, employees and agents: (1) Shall be subject to the local rules of the competition; (2) Represent that every horse, rider, driver, and handler is eligible as entered; (3) Agree to be bound by the rules of the competition, and will accept as final the decision of the hearing committee on any question arising under said rules, and agree to hold the competition, their officials, directors and employees harmless for any action taken; (4) Agree that as a condition of entry, they authorize the competition management to market, transfer, assign or otherwise make use of any photographs, likenesses, films, broadcasts, cablecasts, audiotapes taken of the horse(s) and participant(s) while on the grounds, incident to, or transit between the stabling facility and the event site, in any way they see fit for the promotion, coverage or benefit of the event, or the sport without compensation to any of them, so long as the use neither jeopardizes amateur status nor endorses a specific product or service and hereby expressly and irrevocably waive and release any rights in connection with such use including any claim to invasion of privacy, right of publicity, or to misappropriation; and (5) Agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherently dangerous risk of serious injury or death, and by participation they expressly assume any and all risks of injury or loss, and they agree to indemnify and hold the 22nd DAA, Del Mar Fairgrounds and the Del Mar National Horse Show, and singularly their officials, directors, employees and agents harmless from and against all claims including for any injury or loss suffered during or in connection with competition, whether or not such claim, injury or loss resulted, directly or indirectly from the negligent acts or omission of said officials, directors, employees or agents of the competition. My signature acknowledges that I have read this liability and medical release and know and understand its contents.

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **PRINT:** \_\_\_\_\_

**HOTEL:** \_\_\_\_\_

**EMERGENCY PHONE:** \_\_\_\_\_

