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 NAC of ADA CLINIC Entry Form 2020

**Competition Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Competition Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Horse’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE**  |  | **Clinic Name** | **Fee** |
| **August 29 & 30** |  | **Audit/ per day**  |  **$35** |
| **August 29 0r 30** | **Saturday or Sunday** | **Clinic rider/ per day** |  **$100** |
| **August 29 and 30** | **Sunday** |  **Clinic rider/ BOTH DAYS** |  **$170** |

|  |  |
| --- | --- |
| **Lunch is provided for riders**. As an auditor, do you want a box lunch? Yes No  All BYOB Indicate which day\_\_\_\_\_\_\_\_\_\_\_\_- |  |
| Horse stall or pen request? (call first) |  |
| Special requests or needs.  |  |
| Questions? |  |
|  |  |
|  **Total**  Please pay this amount in PAYPAL on the website page ENTRY FORMS or mail to:NAC of ADA PO Box 11262 Prescott, AZ 86304 |  |
|  |  |

**Owner/Lessee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rider if different from owner:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*Parent/guardian name if under 18*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Contact Information;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAC of ADA Release, Wavier, and Hold Harmless Agreement**

All participants of every entry (which include without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse): 1. Shall be subject to the constitution and rules of NAC of ADA 2. Represent that every horse, rider, and handler is eligible as entered 3. Agree to be bound by the rules of NAC of ADA and of the competition and hold the officials, directors, employees, and volunteers harmless for any action taken 4. Agree that as a condition of and in consideration of acceptance of entry, they authorize NAC of ADA and/or the competition management to market, transfer, assign or otherwise make any use of any photographs, likenesses, films, broadcast, cablecasts, audio or videotapes taken of the horses(s) and participants(s) without compensation 5. Agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk, serious injury or death, and by participating they expressly assume any and all risks of injury or loss, and they agree to hold NAC of ADA, the competition and their officials, directors, employees, and volunteers harmless from and against all claims including claims based on negligence, breach of contract, strict liability and/or otherwise for any injury or loss suffered during or in connection with the competition, officials, directors, employees, or volunteers of the NAC of ADA competition.

UNDER ARIZONA LAW, AN EQUINE PROFESSIONAL, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING IN INHERENT RISKS OF EQUINE ACTIVITIES CODE OF ARIZONA 12-553

**BY SIGNING BELOW, I AGREE** to be bound by all applicable rules, waivers, releases, terms, and provisions of this entry blank and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

**RIDER:**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OWNER/LESSEE:**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Volunteers make shows/clinics successful. To volunteer contact Kirsten Kuzmanic at 951 440 4615 or kirstenk38@gmail.com*