

# Summer Enchantment Circuit - NMQHA Entry Form

\*\*Please Fill Out One Form Per Horse\*\*

Number \_\_\_\_\_

## Horse Information

Horse's Name: \_\_\_\_\_ Sex:    Mare    Stallion    Gelding  
 AQHA Number: \_\_\_\_\_ Foal Year: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Responsible Party Information

Responsible Party: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_

## Exhibitor Information

Exhibitor #1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Exhibitor AQHA #: \_\_\_\_\_ Type of Card:    Open    Amateur    Youth

Classes:


Classes:


Exhibitor #2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Exhibitor AQHA #: \_\_\_\_\_ Type of Card:    Open    Amateur    Youth

Classes:


Classes:


Exhibitor #3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Exhibitor AQHA #: \_\_\_\_\_ Type of Card:    Open    Amateur    Youth

Classes:


Classes:


In consideration of my entry as an exhibitor with New Mexico Quarter Horse Association with the rights and privileges as attendant thereto, (I)(WE) hereby expressly release and hold harmless and agree to indemnify the New Mexico Quarter Horse Association, Inc., its officers, directors, agents, employees and volunteers from any and all claims, loss, damage, injury, and liability whatsoever and howsoever, the same may be caused, resulting directly or indirectly from such entry by applicant. In case of emergency, I hereby give my permission for emergency medical treatment.

Exhibitor or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_