

WAHA Fall Colors Show

Exhibitor Registration Form & Legal Disclaimer

1 form per rider/horse combination**Name of Exhibitor:** _____ **Horse Name:** _____**Address:** _____ **Phone:** _____ **Email:** _____**DIVISION:** ☐ **JR JR** (13 & Under) ☐ **JR** (14 – 18) ☐ **SR** (19 & Over)You must enter ONLY your respective age division – No cross entering.**CLASSES** Circle classes entering (No refunds):

1	2	3	4	5	6	7	8	9	10 Champ	11	12	13	14
15	16	17 FREE	18 FREE	19	20	21	22	23	24	25	26	27	28
29	30	31	32	33 Champ	35	35	36	37	38	39	40	41	42
43	44	45	46	47	48	49 Champ	50	51	52	53	54		

* Note: Horses must have the original AND copy of current Coggins test. Proper hard soled boots are required for all participants. Helmets are strongly encouraged. *

LEGAL DISCLAIMER: Neither WAHA, Walworth County Fairgrounds, owners, facility, stable management, or show officials shall be held responsible in any way for the loss or damage to any persons, animals, property, or equipment that may be caused by any horse or pony entered by him or her due to carelessness or negligence of the person or persons in charge of such horse or pony or of their subordinates.

NOTICE: "A person who is engaged for compensation in the rental of equines, equine equipment, tack, or in the instruction of a person riding or driving an equine is not liable for injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1)(e) of the Wisconsin Statutes."

It is clear that there are certain inherent dangers associated with horseback riding. One of those dangers is the risk of suffering serious head injuries should the rider fall or be thrown from him/her horse. It is therefore strongly suggested that safety helmets be worn at all times when riders are mounted.

I, _____ (print), being fully aware of that policy and the reasons for it, choose of my own free will, not to wear a safety riding helmet. In taking this action, I hold WAHA, Walworth County Fairgrounds, and those involved in the show and their insurer free of any and all liabilities for injuries that I may receive as a result of my actions and failure to wear a safety riding helmet.

WAHA, Walworth County Fairgrounds, Staff, Owners, nor those involved with this show will not be held responsible for theft, damage, or injury to horses or people.

SIGNATURE: _____ **DATE:** _____**SIGNATURE (If exhibitor under 18):** _____**CLASS FEE** # of classes _____ X \$7 \$ _____**OFFICE FEE** \$10 or \$5 (Additional Rider) \$ _____**DAY STALL FEE** \$35 \$ _____**OVERNIGHT STALL FEE** \$55 \$ _____**SHAVINGS** # of bags _____ X \$9 \$ _____**GROUNDS FEE** \$10 (No Stall) \$ _____**CAMPING** \$35 \$ _____**SPONSORSHIP** \$ _____

Checks Payable to:
Wisconsin Arabian Horse Association
Or
WAHA

CASH/CHECK # _____ **TOTAL DUE \$** _____