WAHA Fall Colors Show

Exhibitor Registration & Legal Disclaimer

Exhibitor #	(Horse/Rider Combination) Declared Age Group					
Name:						
Horse Name(s):						
Address:						
City/State:						
Phone #:	E-mail Ad	dress:				
Horses must have the original and cop	y of the current years	of Coggins Test. Exhi	bitors are requi	red to supply a	copy of the Coggins test.	
Participants are to wear proper hard s indoor arena must wear a face mask c						
LEGAL DISCLAIMERS: Neither WAHA, I the loss or damage to any persons, an negligence of the person or persons in	imals, property or equi	ipment that may be	caused by any h	-		
NOTICE: "A person who is engaged for equine is not liable for the injury or de 895.481 (1)(e) of the Wisconsin Statut	eath of a person involve	-				
It is clear that there are certain inhere rider fall or be thrown from his/her ho a horse.	_		_	_	_	-
l,						d their insurer(s) free of
any and all liabilities for injuries, dama WAHA, Walworth County Fairgrounds		•				s or injury to horses or
people.	,					
Exhibitor Signature or Parer	nt/Guardian Sign	ature if under			Pate	
		Classes Enter	ed (Check a	all)		
1 2 3 4	5. 6.				12. 13. 1	4. 15.
16 171819.**						
30313233						
43. 44. 45. 46.						_
56575859			51	_32 33	54	_
		_			# Cla	sses \$5 each
				#	# Liberty E	Entries \$10 each
				#	# Bags Sha	vings \$8 each
						er horse/rider
				=		dditional rider I Fee/stall \$30
(circle one) Cach Payment S	or Check (Name on	Check	Chack #	1	Or a Trailer I	Fee/horse \$10
(circle one) Cash Payment \$ or Check (Name on Check			CHECK #	Check #)		