

# 2019 NCHA World Championship Futurity

## GELDING CLASS

### OPEN, NON-PRO, AMATEUR, UNLIMITED AMATEUR (All Classes are Contest within Contest)

1. 2019 NCHA World Champion Gelding Stakes will be limited to horses that are entered in the NCHA Open, NP, Ama & Untd Ama.
2. Nomination fees for Gelding Stakes:  
On or before **October 1, 2019** ..... \$545  
(Includes \$45 Processing fee.)  
**Late entries will be accepted after the draw, but before the beginning of the first go-round by paying a 50% penalty. There will be a 10-day grace period. (official postmark by US Postal Service).**
3. Payout will be made according to the NCHA mandatory payout, to the highest advancing horses. (no working finals).  
a. All finalists will receive premium checks.
4. Riders may ride two (2) horses in the 3-year-old Open, Non-Pro, Amateur & Unlimited Amateur divisions. A photocopy of geldings papers must accompany this form.
5. By your signature on this form, you agree and acknowledge that the NCHA's acceptance of any full or partial payments for any entry does not guaranty that the entry will be allowed to show at the Futurity. All entries must meet all requirements for the class or subclass in which that are entered to show in at the time that the competition occurs. In the event that the NCHA determines, in its sole discretion, that an entry is not qualified to show in any class or subclass in which it is entered at the time of the competition under NCHA rules, you agree that the NCHA can eliminate that entry with no further liability to the NCHA.
6. All rules of the 2019 NCHA Futurity will apply in this event where applicable.

#### For Foals of 2016

#### GELDING STAKES

#### 2019 Derby

RIDER & NCHA NO.	DIVISION				HORSE & REG. NO.	OWNER & NCHA NO.
	OPEN	NON-PRO	AMA	UNLTD AMA		
# _____					# _____	# _____
# _____					# _____	# _____
# _____					# _____	# _____

If contestant is under 21 years of age both contestant and parent or legal guardian must sign this form.

#### RELEASE FROM LIABILITY AND WAIVER OF RESPONSIBILITY

As a condition to participate in this event, the NCHA, its directors, officers, employees, members, agents and representatives **ARE HEREBY RELEASED** from all claims, demands, or causes of action of any kind or nature whatsoever; whether now existing or to hereafter accrue, on account of any damage, cost or expense (i) **AS A RESULT OF ANY BODILY INJURY, LOSS OR DAMAGE TO ANY ANIMALS, EQUIPMENT OR OTHER PERSONAL PROPERTY, FROM ANY CAUSE WHATSOEVER INCLUDING, BUT NOT LIMITED TO, THE SOLE OR CONCURRENT NEGLIGENCE OF NCHA, ITS DIRECTORS,**

**OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES;** or (ii) as a result of the interpretation or enforcement of the NCHA Constitution, ByLaws, Rules or Regulations and the risk of any such damage, cost or expense which may occur by reason of foregoing is hereby assumed and accepted. This waiver is binding on the undersigned as well as all riders, grooms and other helpers associated with the participation of the horse(s) described herein in this event and the undersigned indemnifies the NCHA from all claims, demands, or causes of action based on any of the foregoing.

Owner \_\_\_\_\_ Address \_\_\_\_\_  
(as it will be listed in the event program)

City, State, Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Signed by: \_\_\_\_\_ NCHA ID No. \_\_\_\_\_

Minor Signature \_\_\_\_\_ DOB \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

Correspondent \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Signed by: \_\_\_\_\_ NCHA ID No. \_\_\_\_\_

*Photocopy of registration certificate or colored application for unregistered horses must accompany this application. Send to:  
NCHA, 260 Bailey Avenue • Fort Worth, Texas 76107-1862 • (817) 244-6188 • fax 817-244-2015*

#### Premium checks will be made to the Registered owner of the horse. S.S. or Corp. ID must be on file with NCHA.

\*The Internal Revenue Service is now requiring NCHA to withhold income tax on premium monies won at a rate of 28% on all taxpayers who do not provide a Taxpayer identification Number (Social Security No. or Business ID No.). Please be sure to provide this information to NCHA accounting department.

MasterCard  Visa Card  AmExp  Discover Card Number \_\_\_\_\_

Amount \$ \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 digit security code \_\_\_\_\_