

2019 McAlister Assets & RCR Rail Co. / NCHA Derby & Classic Challenge



Amateur / Unlimited Amateur Combination



(ONE DRAW)

- The 2019 McAlister Assets & RCR Rail Co. / NCHA Derby & Classic Challenge Amateur class will have two divisions: the \$50,000 Amateur, which will remain a class for contestants who qualify based on eligibility lifetime NCHA Limited Age cutting horse earnings not exceeding \$50,000 and the Unlimited Amateur class for which qualifications will be based on all lifetime Limited Age Non-Pro earnings (approved classes) of less than \$100,000 (Limited Age Non-Pro earnings will not reset at zero for purposes of this rule).
- Nomination fees for Unlimited Amateur Combination Contest:
On or before **May 10, 2019** \$1,050*
Includes a \$35 processing fee.
Late entries or payments received after the 10-day grace period (official postmark by US Postal Service) will be subject to a penalty of fifty percent (50%) of the payment. In addition, a one percent (1%) deduction will be made for the NCHA Special Events Funds. *Includes a \$20 PAC fee: Under Texas Election Code, Chapter 253, the Political Action Committee (PAC) fee is a voluntary contribution. Funding the PAC is important to be able to maintain state funding at the NCHA Triple Crown. Your contribution will provide critical assistance to the NCHA with this effort). To opt out of the PAC fee, submit your payment without the amount indicated as the PAC fee for your class.
- The 2019 Derby and Classic Challenge Amateur/Unlimited Amateur Combination Cutting Horse Contest with a minimum of 150 entries will consist of one go-round with 30% moving to the semifinals with a maximum of 60 plus ties, and with 20 plus ties to the finals. Calculations for the semifinals will be determined on the final payment date. Late entries will not dictate semifinals.
 - In the event there are less than 150 entries in a class, there will be no semi-finals and will consist of one go-round plus finals for the high scoring twenty-five (25%), with a minimum of ten and a maximum of thirty (30).
 - Riders may ride two (2) horses in the 4 year old division and (4) four horses of any age combination in the 5/6 year old division.
 - If a rider has attempted to compete in these classes and is found to be ineligible, disciplinary action may be taken. The burden of proof of eligibility is upon the rider.
 - All rules of the 2019 NCHA Derby & Classic Challenge will apply in this event where applicable.
 - By your signature on this entry form, you acknowledge that you are familiar with and subject to the provisions of the Medication and Drug Rules and Guidelines contained in the NCHA Rulebook. You also agree that if requested, you will permit blood samples to be taken from your horse to comply with the random testing provisions contained in those Rules and Guidelines. Blood samples will be taken from the champion horses in all divisions. Random testing will also be performed throughout the show.
 - 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 Summer Cutting Spectacular. 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.

Must be entered in Amateur with completed Amateur entry form.

RIDER & NCHA NO.	DIVISION ENTERED		SIRE	HORSE & REG NO	YEAR FOALED
	DERBY 4 YR OLDS	CL/CH 5/6 YR OLDS			
_____				_____	
# _____				# _____	
_____				_____	
# _____				# _____	

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.

YES, Please Subscribe me to text updates. Mobile/Cell number _____

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

City, State, Zip _____ Daytime Phone _____

Signed by: _____ NCHA ID No. _____

Minor Signature: _____ Birth Date _____ Parent/Legal Guardian: _____

Correspondent _____ Address _____ 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 _____