

2019 NCHA DERBY & CLASSIC/CHALLENGE OPEN, NON-PRO, LIMITED NON-PRO, AMATEUR AND UNLIMITED AMATEUR

SENIORS CLASSES

(Contest within Contest)

1. 2019 NCHA Derby & Classic/Challenge Seniors Classes will be limited to riders who are 60 years of age or older at the time entry is due.
2. Nomination fees are due:
On or before **May 10, 2019**..... \$535
Includes \$35 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. There will not be a working finals. Payout will be made according to the NCHA mandatory payout, to the highest advancing horse.
4. Riders may ride two horse in the 4 year old division and 4 horses of any age combination in the 5/6 year old division.
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 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.
6. All rules of the 2019 NCHA Derby & Classic/Challenge will apply in this event where applicable.
7. Date of birth _____

RIDER & NCHA NO.	DIVISION						HORSE & REG. NO.	OWNER & NCHA NO.		
	Open		Non-Pro		LTD NP	Amateur			Unl/Ama	
	4YR	5/6YR	4YR	5/6YR	4YR	5/6YR			4YR	5/6YR
_____							_____	_____		
#							#	#		
_____							_____	_____		
#							#	#		
_____							_____	_____		
#							#	#		
_____							_____	_____		
#							#	#		

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 _____

City, State, Zip _____ Daytime Phone _____

Signed by: _____ NCHA ID No. _____

Minor Signature _____ Birth Date _____ Parent/Legal Gaurdian _____

Correspondent _____ Address _____ Daytime Phone _____

Signed by: _____ NCHA ID No. _____

*Photocopy of registration certificate or colored photos of 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 _____