



260 Bailey Avenue
Fort Worth, Texas 76107-1862
817-244-6188 Fax: 817-244-2015
www.nhacutting.com

**APPLICATION FOR AUTHORITY TO TREAT HORSES ON
NCHA SHOW GROUNDS AND ACKNOWLEDGMENT OF NCHA RULES**

The undersigned, as a condition of his/her request for authority to treat horses on the Show Grounds of any NCHA approved or produced event (the "Show"), does hereby acknowledge and affirm the following:

1. The undersigned warrants and represents that he/she is duly licensed by the state in which the Show is being held and that his/her license in that state is in good standing.
2. The undersigned warrants and represents that he/she is a member of the NCHA and that his/her membership is in good standing. The undersigned agrees and understands that any authority granted under this Application shall only continue so long as his/her membership remains in good standing.
3. The undersigned acknowledges that he/she has received, understands and agrees to abide by all the rules contained in the NCHA Official Handbook of Rules and Regulations including, but not limited to the NCHA Rule 35A Zero Tolerance Policy and the NCHA Rule 35A Medication and Drug Rules and Guidelines.
4. The undersigned agrees and understands that that the term "Show Grounds" as used in this Application shall have the broadest possible meaning and shall include all show arenas, practice pens, stall areas, loping areas, sales barns, parking lots, and all other parts of the grounds on which the Show is being conducted.
5. The undersigned acknowledges and agrees that there is currently inherent danger in attending any Show due to potential exposure of the undersigned to the Novel Coronavirus ("Coronavirus") at the Show. The undersigned acknowledges and agrees that (i) they were made aware of and understood the potential dangers presented by the Coronavirus at the Show; (ii) even though the NCHA and the facility have taken all reasonable steps to present a safe environment for the Show, there are many factors beyond their reasonable control that could lead to potential exposure to the Coronavirus at the Show; and (iii) they are voluntarily assuming all risk of harm, illness or injury to themselves or any of their horses that may be incurred by participating in the Show, or activities associated with the Show, that are in any way related to the Coronavirus. The undersigned, therefore, releases and waives any claims against the NCHA, the Show producer and the owner of the facility for damages, bodily injury, and physical illness of the undersigned in any way relating to the Coronavirus, that were allegedly incurred or sustained during the Show or at any activities associated with the Show.
6. The undersigned further agrees to indemnify, hold harmless and defend NCHA and its officers, employees, agents and representatives from any and all liability from all claims, demands, causes of action, suits, judgments, liabilities, costs and expenses of any nature (including without limitation, for personal injury and/or property damage) arising out of the undersigned's provision of veterinary services while such veterinary services were being provided on the Show Grounds at the Show.. This indemnity also includes payment for any of the NCHA's reasonable out-of-pocket costs, expenses and reasonable attorney fees incurred, arising directly or indirectly out of or with respect to any claims or associated with the enforcement of the indemnity obligations referenced above.

AGREED TO AND EXECUTED on this ____ day of _____, 20__.

Veterinarian Printed Name

Veterinarian Signature

Please complete the following:

Veterinarian License No.: State _____ # _____

NCHA Member No. _____

Member in good standing of AAEP? (please check) Yes _____ No _____

AUTHORITY GRANTED AND APPROVED:

By: NCHA Official

Date