

HORSE/EXHIBITOR

Exhibitor(s) Information:

/ Cash / CC

and assume any and all risk for injury and or loss.

Signed:

Date: _____

HORSE/EXHIBITOR

[illegible]

- * You must show current AQHA membership card as applicable or purchase a new one at the show.
- * \$30.00 fee added on bounced checks. Accounts not paid will be reported to AQHA as applicable.
- * All accounts must be settled in full by the end of the show on Sunday, June 9, 2025
- * I release ESQHA from any claim to myself, stall, horse and equipment. I acknowledge voluntary participation, fully aware that horse sports involve inherent dangerous risk and assume any and all risk for injury and or loss.

Please Send Entry Forms & Payment to: ESQHA – Mailed: ESQHA, P.O. Box 294, Waverly, NY 14892: (607) 857-0444 / esqha1962@gmail.com

Date: _____