

OKLAHOMA ARABIAN HORSE CLUB
ALL BREED OPEN HORSE SHOW

For Office Use Only

Coggins Date: _____ Initials: _____

Rider Number _____

Date _____

Breed _____

Rider's Name _____ Birthdate _____

Horse's Name _____

Owner's Name _____

Address _____

City/Zip _____ Phone _____

Email _____

Regular Classes Entered (use class numbers) _____

_____ Regular Classes @ \$10.00 each \$ _____

CHAMPIONSHIP Classes entered _____

_____ Championship Classes \$10.00 \$. _____

ALL DAY Entry Fee (enter as many classes as you want for \$50) \$. _____

STALLS NO# of stalls _____ @\$30 each \$. _____

TOTAL FEES: \$ _____

PLEASE READ:

1. **ANY HORSE** AT THE SHOW, **WHETHER TO BE SHOWN OR NOT, MUST** BE ACCOMPANIED BY **CURRENT NEGATIVE COGGINS PAPERS**, WHICH MUST BE SHOWN TO MANAGEMENT **IMMEDIATELY UPON ARRIVAL**.
THIS IS STATE LAW AND WILL BE ENFORCED
2. HORSE AND RIDER TEAMS MAY ENTER BOTH WALK/TROT AND WALK/TROT/CANTER CLASSES. However, if you enter a canter/lope class, you will not be judged in the trot/jog only class.
3. RIDING SUITS ARE NOT REQUIRED. SNAFFLES AND MARTINGALES ARE ACCEPTABLE. LONG PANTS AND BOOTS **ARE** REQUIRED-NO TENNIS SHOES OR BARE FEET.
4. PROTECTIVE HEAD GEAR IS HIGHLY RECOMMENDED.
5. ENTRIES MUST COMPETE IN A QUALIFYING CLASS TO BE ELIGIBLE FOR CHAMPIONSHIP.
6. SHOW MANAGEMENT MAY COMBINE CLASSES OF SIMILAR TYPE THAT HAVE LESS THAN THREE ENTRIES
7. THERE WILL BE **NO REFUND** OF ENTRY FEES FOR CLASSES ENTERED BUT NOT RIDDEN IN. POST ENTRIES ARE ALLOWED- PLEASE ENTER AT LEAST 2 CLASSES PRIOR TO YOURS TO ALLOW NOTIFICATION OF GATE AND RING.

PLEASE LISTEN FOR YOUR CLASS CALLS!!!

NOTICE TO ALL EXHIBITORS

Entries will be accepted with owner's, trainer's and exhibitor's certification that the Oklahoma Arabian Horse Club and the owners and/or lessees of the facilities at which the show is held will not be liable for any loss, damage, or injury to any animal exhibited, or for loss of property of any kind. The owners, trainers, and exhibitors shall be solely responsible for any loss, damage, or injury to any person, animal or property occasioned by participation in this show.

Date: _____ Exhibitor's Signature: _____

Parent's Signature (Required for minor): _____

RELEASE OF LIABILITY

READ CAREFULLY- THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of All Breed Open Horse Show, organized by the Oklahoma Arabian Horse Club, and/or use of the property, facilities of, Redlands Community College, we agree for the members of each family to the following:

1. We agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by the Oklahoma Arabian Horse Club, Redlands College or the employees, representatives or agents of stated.
2. We recognize that there are certain inherent risks associated with the above described activity and we assume full responsibility for personal injury to exhibitors, family members and our horses, and further release and discharge the Oklahoma Arabian Horse Club and Redlands college for injury, loss or damage arising out of our or our family's and horses use of or presence upon the facilities of Redlands College, whether caused by the fault of the exhibitor, family, horse or other third parties.
3. We agree to indemnify and defend Oklahoma Arabians Horse Club/Redlands college against all claims, causes of action, damages, judgements, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from our or our family's and horses use of or presence upon the facilities of Redlands College.
4. I agree to pay for all damages to the facilities of Redlands College caused by our or our family's negligent, reckless or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Oklahoma Law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS

Dated: _____

Signature: _____

Participant: _____

Address: _____

Redlands Community College
WAIVER and RELEASE of LIABILITY

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the College for injuries or losses you may cause or sustain as a result of participation in a College activity.

Redlands Community College is a state educational institution. References to Redlands Community College include its Board of Regents, officers, agents, faculty, employees, volunteers, students, other clubs, organizations and visitors.

I (print your name) _____ understand that Redlands Community College is not an agent of, and has no responsibility for any third party that may provide services including food, lodging, travel, or equipment. Redlands Community College has not reviewed the qualifications of the activity organizer or sponsor, and does not endorse or sponsor the program or its safety or quality.

Medical Treatment Authorization

I authorize Redlands Community College to act on my behalf in any medical emergency.

Signature _____

Date _____

Despite precautions, accidents, injuries & illness can and will occur. I understand that the Activity may cause transmissions of illness, I may be injured and/or lose or damage of personal property as a result of participation in the Activity. Therefore, I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITIES including illness, injury death, or loss from accidents, theft of or damage to personal belongings.

**Release from Liability, Indemnification
 Agreement and Covenant Not to Sue**

To the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, I agree to forever RELEASE, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE Redlands Community College from any cause of action, claim, or demand, including one related to illness, bodily injury, property damage, death or accident arising out of or related to my participation in the Activity.

I assure Redlands Community College that I have adequate health insurance to provide for any medical needs to costs that may result from my participation in the Activity.

My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument.

I further certify that my date of birth is _____ (month/day/year), and that my present age is _____, and that I am otherwise legally competent to sign the agreement.

This agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted and that if any portion is held invalid, the remainder shall continue to full legal force and effect.

Due to Covid-19 Redlands Community College recommends that while in phase 2 or phase 3 of reopening our state, all CDC guidelines are followed. Please look on page 2 & 3 for the CDC guidelines.

*****IMPORTANT*****

READ ENTIRE AGREEMENT BEFORE SIGNING

Printed Name: _____

Signature: _____

Date: _____

Address: _____

Phone(s): _____

If participant under age 18:

Parent's Printed Name: _____

Parent's Signature: _____