

Stall 1

Horse ID

Stall 2

# Horse Participation Application



**AQHA Youth World Cup**  
**Bryan/College Station, Texas, USA**  
June 28 – July 8, 2018

## Horse Information

Registered Name:  Registration Number

Barn Name  Mare  Gelding  Age

Is the horse for sale? YES  NO  PRICE

## Owner Information

Name of Registered Owner: Last \_\_\_\_\_ First \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Trainer/Agent Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Is the horse available for lease to compete at the 2018 AQHA Youth World Championship Show? YES  NO

Will owner transport/arrange for transport to and from Bryan/College Station, Texas? YES  NO

## Feed (circle all applicable)

**Hay:** Grass Hay will be provided

Hay Amount: AM  PM

**Grain:** Owner will supply  Nutrena Pellets provided at no cost to owner

Other \_\_\_\_\_ Explain: \_\_\_\_\_

Grain Amount: AM \_\_\_\_\_ PM \_\_\_\_\_

Please provide any other information you believe important to your horse's feed or feed schedule:

Does the horse require spurs?    YES        NO    If, YES, please specify:    Rowels        Ball

Will the owner supply tack with the horse?    YES        NO

If yes, please describe: \_\_\_\_\_

Please list the type of bit that is used on the horse: \_\_\_\_\_

**Events** (circle events the horse has competed in )

- |                      |                     |
|----------------------|---------------------|
| Showmanship          | Reining             |
| Hunt Seat Equitation | Hunter Under Saddle |
| Horsemanship         | Ranch Riding        |
| Trail                |                     |

Event(s) the horse IS NOT suited for: \_\_\_\_\_

Does the horse have a flying lead change?    YES        NO

**Medical/Behavior**

Is the horse current on all vaccinations?    YES        NO

Does the horse require routine medication?    YES        NO

Please list any/all routine medication/treatment required by horse and a brief description of the schedule and reason for such medication/treatment.    If the horse is a mare, please note if she is on Regu-mate<sup>®</sup>.    If the horse requires ulcer medication during periods of stress, such as competitions, or any similar type of medical/treatment routine, please explain:

Please provide the name horse's veterinarian: \_\_\_\_\_

Veterinarian Contact Number: \_\_\_\_\_

Is the horse insured?    YES        NO

If yes, Insurance Carrier \_\_\_\_\_ Policy number \_\_\_\_\_

Insurance Carrier Phone Number \_\_\_\_\_

Please list any behavior issues, if any, the horse has (i.e. kicks, bites, etc.) and circumstances, if any, which worsens the behavior issue: \_\_\_\_\_

If you have disclosed medical information above, by your signature below, you are affirmatively representing to AQHA that you reasonably believe your horse to be physically able to participate with the stated condition(s).    FURTHER, WHETHER OR NOT MEDICAL INFORMATION IS SUPPLIED HEREIN, YOU ASSUME RISK OF INJURY OR DEATH TO YOUR HORSE FROM DISEASE OR OTHER DEBILITATION PHYSICAL INJURY EVEN THOUGH AQHA MAY PROVIDE VETERINARY SERVICE AT THE EVENT SITE.

**Other**

Please provide any additional information you would like to include:

Please attach additional pages if any space provided is insufficient to provide the requested information wherever found in this application. Any such additional pages shall be incorporated as a part of this application as if the information was provided prior to the signatures.

PLEASE READ THE FOLOWING FOR ADDITIONAL IMPORTANT PROVISIONS CONCERNING YOUR HORSE.

At the request of the AMERICAN QUARTER HORSE ASSOCIATION (“AQHA”), a Texas non-profit corporation, the Undersigned has volunteered to furnish an American Quarter Horse(s), suitable to perform with youth exhibitors in equine events at the 2018 International Youth World Cup, to be conducted in Bryan/College Station, Texas, June 28 – July 8, 2018. As a condition of such participation, the Undersigned acknowledges:

1. Transportation of the Undersigned, and the horse or horses, to and from the site of the event is the responsibility of the Undersigned, and also the Undersigned assumes the risk of personal injury or property damages caused by vehicle accident or otherwise to, from and while at the event site.
2. The Undersigned warrants and represents that both as to training and disposition, the horse or horses furnished is/are suitable to safely perform with a contestant in the assigned equine events, and if tack is to be furnished, the condition of the equipment and tack is sufficient to safely allow a contestant to compete with the horse.
3. ASSUMPTION OF RISK OF INJURY: EVERY OWNER ACCEPTS THE FACILITY AND GROUNDS ON AN “AS IS” BASIS, INCLUDING, BUT NOT LIMITED TO, THE ARENA, STALLS AND ALLEYWAYS, WHERE THE SHOW IS BEING CONDUCTED, AGREEING TO INDEMNIFY AND HOLD HARMLESS THE AMERICAN QUARTER HORSE ASSOCIATION, ITS REPRESENTATIVE, AGENTS OR EMPLOYEES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY TO THE UNDERSIGEND, INJURY TO THE HORSE, OR PROPERTY DAMAGE OR LOSS TO FURNISHED TACK, WHENEVER OR HOWEVER ARISING, FROM PARTICIPATION OF THE UNDERSIGNED’S HORSE IN THIS SHOW.

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Return Form to:

Jennifer Holloway (979)229-0524

Email: [JAH2149@yahoo.com](mailto:JAH2149@yahoo.com)

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