

**USE THIS FORM FOR REINING CLASSES**  
**Goldmine Spring Kick Off 2022**

♦ Mail or email completed entries and fees no later than February 10, 2022

**SOUTHWEST SPECIALTIES – P.O. Box 1060 Apache Junction, AZ 85117**

Complete one entry for each horse/rider combination

**MAKE CHECKS PAYABLE TO: SOUTHWEST SPECIALTIES - Credit Card Charges will show up as SOUTHWEST SPECIALTIES**

Class #	Class Name	Entry Fee
# of classes entered _____		
Grounds Fee (Haul Ins Only) \$35.00/Horse/Day		
Office/Drug/Association Fees – \$30.00/Horse		
Late Fee \$35.00		
Office Use: Stalls \$_____ Shavings \$_____ RV \$_____		
Other \$_____ Notes:		
<b>Total Due</b>		

Name of Horse: \_\_\_\_\_ Rider: \_\_\_\_\_

Owner: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ Security # \_\_\_\_\_



**Release of Liability  
Acceptance Of Risk**

SIGNATURE: E-Mail Address: ADDRESS: CITY STATE / ZIP TELEPHONE NUMBER CELLULAR TELEPHONE NUMBER

Guardian Representation: If I am a PARENT or GUARDIAN of any minor person under 18 years of age participating in equestrian activities at WRMC, I make these representations and agree to the terms of this Assumption of Risk and Waiver on behalf of each minor, as well as myself, and I agree to assume responsibility for their safety. I further agree to DEFEND, INDEMNIFY AND HOLD HARMLESS Southwest Show Mgmt (Southwest Specialties LLC), NCHC, CCPHC & LAEC, and all other Parties Released from and against any demand, claim, right of action, or suit that may be brought on behalf of any such minor(s) arising from equestrian activities at LAEC hosted and managed by Southwest Show Management (Southwest Specialties LLC). I will pay all fees, damages, and costs, including attorney fees that may incur in the enforcement of this agreement.

I agree to accept and abide by the rules set forth in the printed premium, as well as association rules for this show. If this agreement is not signed, then entry into any class at this show indicates acceptance of this agreement.

I intend this agreement to bind me and my family, my assigns, estate, heirs, and personal representatives. This contract is severable and shall be interpreted and enforced under the laws of the State of Arizona.

I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement.

PRINT FULL NAME OF MINOR CHILD OR PRINT PARENT/GUARDIAN FULL NAME

\_\_\_\_\_

MINOR CHILD DOB \_\_\_\_\_

ADDRESS CITY/ZIP

\_\_\_\_\_

PRINTED NAME OF PARENT OR GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT/ GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

EMERGENCY TELEPHONE NUMBERS EVENING/ WEEKEND NUMBER \_\_\_\_\_