



THE HERITAGE CLASSIC
NRHA, STRHA & AQHA- Alliance Event
Great Southwest Equestrian Center, Katy, Texas
September 11-13, 2020
Health Certificate within 21 days of arrival is required

ENTRY # _____

Account Name: _____ Trainer: _____

NRHA Horse's Name _____ Comp Lic # _____ S G M
 Horse's Barn Name _____ AQHA # _____ Yr. Foaled: _____

Owner's Name _____ NRHA # _____ G P A N P Y L
 SSN# _____ AQHA # _____ O A M N Y L

Rider's Name _____ NRHA # _____ P A N P Y L
 SSN# _____ AQHA # _____ O A M N Y L

NO ADDRESS....NO SSN.....NO PAYCHECK

PAYEE: Rider or Owner

Address _____ City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

Class Order	Division Class #		Entry Fee	Judges Fee	Rider (if different from above)	NRHA #	Pattern #
<u>Sept 11, Starting at 8:00 am</u>							
1 st	9003	<input type="checkbox"/> Ladies	25	25	_____	NRHA # _____	2
	9004	<input type="checkbox"/> Men's	25		(class limited to 30 entries)		
2 nd	1100	<input type="checkbox"/> Open (\$1000)	100	35	_____	NRHA # _____	1
	1200	<input type="checkbox"/> Int Open (\$500)	50	35			
	1301	<input type="checkbox"/> Ltd Open (\$250)	25	25			
	1340	<input type="checkbox"/> AQHA Op Rn	35	0			
	1350	<input type="checkbox"/> Rookie Pro (JP)	25	25			
3 rd	10001	<input type="checkbox"/> Green Level II	30	0	_____	NRHA # _____	8
	10002	<input type="checkbox"/> Green Level I	30				
	11001	<input type="checkbox"/> Para Reining	30				
4TH CLASS WILL NOT START BEFORE 6PM							
4 th	9806	<input type="checkbox"/> 3K Saddle Showdown	20	20	_____	NRHA# _____	10
<u>Saturday, Sept 12, Starting at 8:00 am</u>							
1 st	9003	<input type="checkbox"/> Ladies	25	25	_____	NRHA # _____	15
	9004	<input type="checkbox"/> Men's	25		(class limited to 30 entries)		
2 nd	1800	<input type="checkbox"/> Nov Hor NP L1 (\$200)	20	20	_____	NRHA # _____	11
	1850	<input type="checkbox"/> Nov Hor NP L2 (\$250)	25				
	2340	<input type="checkbox"/> AQHA Am Rein	35	0	_____	AQHA # _____	
	2348	<input type="checkbox"/> AQHA Am Select	35	0			
3 rd	1700	<input type="checkbox"/> Nov Hor Op L1 (\$200)	20	20	_____	NRHA # _____	2
	1750	<input type="checkbox"/> Nov Hor Op L2 (\$250)	25				
4 th	3100	<input type="checkbox"/> Yth 13 & <	10	0	_____	NRHA # _____	14
	3200	<input type="checkbox"/> Yth 14-18	10				
	4347	<input type="checkbox"/> AQHA 13 & U	10				
	4348	<input type="checkbox"/> AQHA 14 - 18	10				
5 th	3500	<input type="checkbox"/> Short Stirrup	10	0	_____	NRHA # _____	A

NRHA Horses Name _____

Entry _____

6TH CLASS NOT TO START BEFORE 6PM

6th 9807 NP Saddle Showdown 20 20 _____ 10

Sunday, Sept 13, Starting at 8:00 am

1st 9003 Ladies 25 25 _____ NRHA # _____ 8
 9004 Men's 25 _____ (class limited to 30 entries)

2nd 1400 Non Pro (\$1000) 100 35 _____ NRHA # _____ 12
 1500 Int NP (\$500) 50 35 _____
 1600 Ltd NP (\$200) 20 20 _____
 1650 PT NP (\$200) 20 20 _____
 5121 Masters NP (JP) 20 20 _____

3rd 3340 AQHA Nov Am 35 0 _____ NRHA # _____ 7
 5300 Rookie I (JP) 20 20 _____
 5301 PT Rookie (JP) 20 _____
 5310 Rookie II (JP) 20 _____
 9802 STRHA \$3K 20 20 _____

FOR OFFICE USE ONLY

Checks payable to:
GSEC

Entry fee total - - - - - = _____
 Judges fee total - - - - - = _____
 Office fee \$40 - (Youth Only Classes-office fee free) - - - - = 40 40
 Video Fee x \$16/horse - - - - - = 16 16
 Stall _____ X \$40 per _____ nights - - - - - = _____
 Stall/Ground Fee _____ X \$40 per _____ Day - - - - = _____
 Shavings _____ bag(s) X \$12 per bag - - - - - = _____
 Paid Warm Ups _____ X \$30 for 8 min - - - - - = _____
 RV Space _____ X \$40 per _____ Nights - - - - - = _____
 AQHA Drug Testing \$6/horse - - - - - = _____
 NRHA Drug Fee x \$7- - - - - = _____
 Affiliate Fee \$5.00/horse - - - - - = 5 5
 Duck Toss \$10 x _____ - - - - - = _____
FINAL TOTAL = _____

CHECK # _____ \$ _____ CASH _____

Release, assumption of risk, waiver and indemnification This entry is an agreement that the person entered, along with the owner, lessees, trainer, manager, coach and horse: (1) that every horse and rider is eligible as entered; (2) that the owner and any of his/her representatives will agree to the final decisions made by the management and hold the competition, Heritage Classic Reining, of the NRHA, STRHA, TRHA, Harrel Show Secretary and Great Southwest Equestrian Center L.P., their officials, the management, employees, volunteers, staff, officials and agents harmless for any injury or loss suffered during or in conjunction with the competition, whether or not such injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, employees, agents, volunteers, the management, NRHA, STRHA, TRHA, Harrel Show Secretary or Great Southwest Equestrian Center L.P., 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

Assumption of the Risk of Liability Relating to Coronavirus / COVID-19 By signing this entry form, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the Heritage Classic Reining show at The Great Southwest Equestrian Center and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Great Southwest Equestrian Center may result from the actions, omissions, or negligence of me and others, including, but not limited to staff, employees, officials, officers, directors, personnel and volunteers. I hereby agree to release, indemnify, and hold harmless, Great Southwest Equestrian Center, LP, its staff, officials, employees, officers, directors, agents and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with participation in Heritage Classic Horse Show. I also affirm that I do not have an elevated temperature, COVID -19 symptoms, and have not had contact with individuals within the past 14 days who are known or suspected to have COVID-19 every time I enter the premises (exception: medical personnel that have worn proper PPE in the scope of treatment of COVID-19 patients.) Additionally, I will adhere to facility COVID-19 protocols and practices and I acknowledge that failure to do so may result in my removal from the property with no refund.

Signature: _____

Date: September _____, 2020