

Owner's Name : _____

City, State, Zip: _____

Trainer: _____

(Required only for AHA/AQHACHSRA classes)

Reg Owner AHA/AQHA # and exp date

Rider AHA/AQHA/CHSRA and exp date #

Rider's Relationship to Owner:

SIGNATURE REQUIRED: I hereby release the Southern California Professional Horseshow Association (Hereafter referred to as SCPHA) from all liability for any act of negligence or want of ordinary care on the part of SCPHA and or any of its agents. In consideration of my participation in events organized or sponsored by SCPHA I waive, release, and discharge SCPHA and their directors, officers, agents and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation in SCPHA events. This agreement is binding upon my executors, heirs, and assigns.

Your signature on this entry form is your acknowledgement that you have read, understand and agree to abide by SCPHA rules.

Payment in full required before back number given. → **SCPHA All Day Fee:** After 5th regular class, additional classes are **FREE!** (per rider) Warm-up, AQHA, classes and pole fee not included. AQHA fee includes all applicable AQHA fees.

Check # or Cash received

Other entries included with this check or cash:

**Sign up on-line or fax entries to 909-494-5485
PRIOR to 09/28/26 to avoid the \$30 Post Entry Fee!**