

**CAPITOL AREA QUARTER HORSE ASSOCIATION
REGISTRATION FORM FOR
Novice Clinic
August 30, 2008**

Name of Rider _____

Address _____

Email Address _____

DOB _____ Phone Number _____

Registration fee: \$30.00 for AQHA Novice Cardholders on AQHA reg. horses, \$40 all others

All participants must be members of Capitol Area Quarter Horse Association for insurance purposes.
If rider is not a current member, please submit membership dues with registration form.

Dues: Annual Individual \$25

Annual Ind. with Spouse \$35

Annual Youth \$10

Lifetime Individual \$100

Lifetime Individual with spouse \$150

Total Enclosed _____ **All applicable fees must be submitted with this form to guarantee your place in the clinic. Please also submit a copy of your AQHA Novice card and AQHA reg. papers of horse, if applicable. Copy of current negative Coggins required at clinic.**

Make check payable to: CAQHA

SEND TO CAQHA, c/o S. Morgan, PO Box 1549, Burnet TX 78611

As a condition to participate in a Capitol Area Quarter Horse Association (CAQHA) event, I hereby agree to release CAQHA, the facility where the event is held and/or facility owners, as well as the instructors, from any and all liability regarding the safety of myself, or my minor child, and/or my property, whether through their negligence or my own. CAQHA, the facility and/or facility owners and employees, and instructors, do not guarantee my safety, or that of my minor child, while attending or participating in any event, whether through their negligence or my own. I agree to participate at my own risk and waive my right to sue CAQHA, the facility and/or facility owners and instructors. Under Texas Law (Chapter 87, Civil Practices and Remedies Code), an Equine Professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature _____ Date _____

Signature of Parent if child is 17 or under _____