



National Racing Experience Application

October 24-27, 2019

The Downs Racetrack, Albuquerque, NM

Applications for at-large and racing affiliate participants must be received at AQHA by **September 10, 2019**.

Applicants MUST also complete the Racing skillathon online contest for their application to be considered. Study resources and contest information will be available on aqha.com/youth under "Youth Racing Experience."

Racing skillathon online contest available September 12-17.

Racing affiliates may nominate one representative from their regional race experience. Applicants must be at least 16 years of age by the first day of the National Racing Experience. In addition, participants must be current AQHYA members in good standing. Applicants please fill out this form completely, attach additional pages as necessary, and submit with a color photograph. The application and essay should be completed by the youth applicant. The overall quality of your application will be taken into consideration. Applications must be received by AQHA (not postmarked) by **September 10, 2019**.

Applicant Name: _____ AQHYA I.D. #: _____

(Applicants must be current AQHYA members)

Birthdate: _____ Age: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Name of parent(s) or guardian(s): _____

Home #: _____ Cell #: _____ Work #: _____

Are you a member of an affiliate Quarter Horse Youth Association? Yes No

If yes, please list affiliate: _____

If yes, do you hold an office in your affiliate association or in AQHYA? Yes No

If yes, please list: _____

List all other organizations of which you are a member: _____

Check all of the following AQHYA programs in which you have been involved.

Youth Excellence Seminar Horseback Riding Program Young Horse Development

AQHYA World Show AQHYA World Show Contest(s) _____

Youth World Cup Other _____

AQHYA Regional Race Experience held at the following race track: _____

Are any of your family members involved in American Quarter Horse Racing? Yes No

If yes, in what capacity? Please check all that apply. Trainer Breeder Owner

Jockey Track Employee Other (explain) _____

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Please attach an additional page (typed, double spaced) with the following information:

1. Describe your hobbies and interests.
2. List your past experience with horses (i.e. rider since I was three, etc.).
3. Describe your future plans or career goals.
4. List any previous knowledge of or experience you have in the horse racing industry.
5. An essay (500 words or fewer) to one of the following questions: “What are your experiences in the world of racing?” or “What would it mean to you to be a part of the Bank of America Challenge Championships and the AQHYA National Racing Experience?”

Please read and complete the release form on the following page.

**Please complete all requirements and return to
AQHA, Attn: Youth Department, P.O. Box 200, Amarillo, TX 79168.**
Youth Department Phone: 806-376-4811 | Fax: 806-349-6409 | E-mail: youth@aqha.org

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AQHYA RACING EXPERIENCE ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

As a condition of participation in the AQHYA Racing Experience ("Racing Experience"), and in consideration of being allowed to participate, the Participant and the Parent/Guardian of the Participant does hereby:

1. **CERTIFY** that Participant agrees to abide by AQHA rules and obey the directions of the AQHA representatives conducting the Racing Experience.
2. **AGREE** and represent that Participant understands the nature of the participation and attendance activities associated with the Racing Experience ("Activities") and that the Participant is qualified, in good health, and in proper physical condition to participate in such Activities;
3. **FULLY UNDERSTAND THAT THE ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, "INHERENT RISKS OF EQUINE ACTIVITIES" THAT MAY RESULT IN PROPERTY DAMAGE AND BODILY INJURY, INCLUDING, BUT NOT LIMITED TO, PERMANENT DISABILITY, PARALYSIS, AND DEATH (collectively "RISKS");** that such RISKS may be caused by Participant's own action or inaction, the action or inaction of others participating in the Activities, the condition of the premises at which the Activities take place, and/or the negligence of the "Releasees" named below;
4. **UNDERSTAND AND AGREE** that "Inherent risk of equine activities" means dangers or conditions that are an integral part of equine activities, including, but not limited to, any of the following: (a) the propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; (c) hazards, including, but not limited to, surface or subsurface conditions; (d) a collision with another equine, another animal, a person, or an object; and (e) the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant;
5. **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES PARTICIPANT INCURS AS A RESULT OF PARTICIPANT'S PARTICIPATION IN THE ACTIVITIES;**
6. **WARRANT AND REPRESENT** that, if the Activities involve horses, Participant is adequately qualified and experienced to both (a) safely handle and ride a horse in a manner to protect Participant and other third parties, and (b) participate with groups of riders and horses, such as to take adequate defensive action to avoid injury from third party participants and horses. Furthermore, Participant understands that it is Participant's responsibility to ascertain the adequacy of Participant's training and experience, the adequacy and training of Participant's horse, and for Participant conduct himself/herself in a manner such as to make the Activities safe and enjoyable for all participants;
7. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE AQHA, AQHF, AND/OR AQHA CORPORATE PARTNERS OR THEIR RESPECTIVE ADMINISTRATORS, DIRECTORS, AGENTS, OFFICERS, MEMBERS, VOLUNTEERS, AND EMPLOYEES, AND, IF APPLICABLE, OWNER AND LESSORS OF PREMISES ON WHICH THE ACTIVITIES TAKE PLACE, (EACH CONSIDERED ONE OF THE "RELEASEES" HEREIN) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES WHENEVER OR HOWEVER ARISING AS TO INJURY, DEATH AND/OR PROPERTY DAMAGE OCCURRING AS A RESULT OF PARTICIPANT'S PARTICIPATION IN THE ACTIVITIES OR CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**
8. **AGREE** to indemnify, hold harmless and defend RELEASEES from any and all liability, whenever or however arising, from all third party claims, demands, causes of action, suits, judgments, liabilities, costs and expenses of any nature arising out of (a) Participant's negligent act(s) or omissions during or related in any way to the Activities; and/or (b) Participant's willful act(s) or omission(s) during or related in any way to the Activities; and/or (c) any misinformation or misrepresentations made by Participant in this Agreement. Participant agrees to pay any of RELEASEES costs, expenses and reasonable attorney fees incurred, arising directly or indirectly out of or with respect to any third party claims or associated with the enforcement of the indemnity obligations referenced above.
9. Should the Participant not abide by the established rules of conduct, understand that the Participant will be returned home, and Parent/Guardian agrees to pay for the necessary transportation expenses for the Participant and the accompanying chaperone. Parent/Guardian authorizes those in charge of the delegation to make medical arrangements for the care of the Participant as deemed necessary. Parent/Guardian further authorizes any licensed medical person/facility to treat the Participant. Parent/Guardian agrees to assume full financial responsibility for any medical services provided.
10. Agree that AQHA may use any photograph, video or other form of likeness reproductions of Participant to promote AQHA objectives and activities, including but not limited to use by third parties with AQHA's authorization.
11. **AGREE** that this Assumption of Risk/Release of Liability/Indemnity Agreement ("Agreement") (a) shall bind me, my family, my heirs, legal representatives, successors and assigns; (b) shall be governed by the laws of the State of Texas; and (c) shall be subject to the exclusive jurisdiction of the state and federal courts located in Potter County, Texas.
12. Agree that I have read this agreement, fully understand its terms, understand that I am giving up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any provision of this agreement is held to be void, voidable, invalid or inoperative, the balance, notwithstanding, shall continue in full force and effect as though such provision had not been contained herein.

Participant Signature: _____ Date: _____

Parent/Guardian Signature*: _____ Date: _____

*If Legal Guardian, court-issued documentation must accompany entry if not already on file with AQHA. NO EXCEPTIONS.