



2024 Ranch Horse Competition Entry Form

DEADLINES

Entries must be postmarked by 02/01/2024

All late entries must be received by 02/10/2024

WHAT TO INCLUDE IN YOUR PACKET

- Completed W9 (for **OWNER**)
- Completed entry form & payment
- Completed indemnity agreement (page 4)
- Copy of horse registration papers showing the current owner.
- Copy of birth certificate (or current breed association card showing birthdate) for youth exhibitors.
- Copy of amateur card for amateur class entries.

HORSE SHOW CONTACT INFORMATION

Phone Number: 832.667.1012

Address: 3 NRG Park

Website: www.rodeohouston.com

Houston, TX 77054

Email: horseshow@rodeohouston.com

OWNER INFORMATION (person listed on horse registration papers – ONE NAME ONLY)

| | | |
|--------------------------------|--|------------------|
| _____ Name | _____ Social Security # (last 4 digits) | _____ Phone # |
| _____ Address | _____ Email | |
| _____ City, State, Zip Code | _____ Signature | |

HORSE INFORMATION (one horse per entry form ONLY)

| | |
|--------------------------|-------------------------|
| _____ Registered Name | _____ Registration # |
| _____ Trainer Name | |

EXHIBITOR(S) INFORMATION (birthdates are REQUIRED for youth exhibitors)

| | | |
|--------------------------------|----------------------------|------------------|
| _____ Exhibitor A Name | _____ Birthdate | _____ Phone # |
| _____ Address | _____ Relation to Owner | |
| _____ City, State, Zip Code | _____ Signature | |

| | | |
|--------------------------------|----------------------------|------------------|
| _____ Exhibitor B Name | _____ Birthdate | _____ Phone # |
| _____ Address | _____ Relation to Owner | |
| _____ City, State, Zip Code | _____ Signature | |

PAYOR INFORMATION

| | |
|-----------------------|---|
| Payor Name: _____ | Phone: _____ |
| Address: _____ | Email: _____ |
| City/State/Zip: _____ | Send Correspondence To: <input type="checkbox"/> Owner <input type="checkbox"/> Payor |

CLASS ENTRY (please designate exhibitor letter from page 1 in the "EXH" column)

| EXH | Class | Class Description | Entry Fee |
|-----|-------|---|-----------|
| | 1 | Open Ranch Rail Pleasure | \$40 |
| | 2 | Amateur Ranch Rail Pleasure (19 & Over) | \$40 |
| | 3 | Youth Ranch Rail Pleasure (18 & Under) | \$20 |
| | 4 | Open Ranch Riding | \$40 |
| | 5 | Amateur Ranch Riding (19 & Over) | \$40 |
| | 6 | Youth Ranch Riding (18 & Under) | \$20 |
| | 7 | Open Ranch Reining | \$40 |
| | 8 | Amateur Ranch Reining (19 & Over) | \$40 |
| | 9 | Youth Ranch Reining (18 & Under) | \$20 |
| | 10 | Open Ranch Trail | \$40 |
| | 11 | Amateur Ranch Trail (19 & Over) | \$40 |
| | 12 | Youth Ranch Trail (18 & Under) | \$20 |
| | 13 | Open Ranch Conformation | \$30 |
| | 14 | Amateur Ranch Conformation (19 & Over) | \$30 |
| | 15 | Youth Ranch Conformation (18 & Under) | \$10 |

FEE SUMMARY

| | |
|---|-----------|
| Total Entry Fees | \$ |
| Stall <i>(required)</i> _____ nights x \$40 per night = _____ x total # of stalls desired _____ = | \$ |
| Tack Stall _____ nights x \$40 per night = _____ x total # of stalls desired _____ = | \$ |
| Office Charge <i>(\$20/horse- pay once per breed)</i> | \$ 20.00 |
| Late Entry Fee <i>(Class fee is <u>doubled</u> for any entry postmarked after <u>2/1/24</u>)</i> | \$ |
| TOTAL | \$ |

STALLING

| Horse Stall(s) | |
|-----------------|--|
| Check In Date: | |
| Check Out Date: | |
| Tack Stall(s) | |
| Check In Date: | |
| Check Out Date: | |

PAYMENT INFORMATION

| | | | |
|--------------------------------|-------------------------------------|-------|----------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Visa | _____ | Authorized Signature |
| <input type="checkbox"/> Check | <input type="checkbox"/> Mastercard | _____ | Name on Card |
| Check # _____ | <input type="checkbox"/> AMEX | _____ | Credit Card # _____ |
| ** Make payable to: HLSR | | _____ | Exp. Date _____ |

PLEASE MARK ALL SHOWS ENTERED BELOW

| | | |
|--|--|---|
| <input type="checkbox"/> NCHA | <input type="checkbox"/> Youth Horse Show | <input type="checkbox"/> Quarter Horse Speed |
| <input type="checkbox"/> Ranch Sorting | <input type="checkbox"/> Paint Horse Show | <input type="checkbox"/> Quarter Horse Roping |
| <input type="checkbox"/> Ranch Rodeo | <input type="checkbox"/> Ranch Horse Show | <input type="checkbox"/> Junior Invitational |
| <input type="checkbox"/> Youth Ranch Rodeo | <input type="checkbox"/> Ranch Horse Challenge | |

W-9 FORM (must be completed by the owner of the horse)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>W-9 Form (Rev. January 2005) Department of the Treasury Internal Revenue Service</p> | <h3 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h3> | <p>Give form to the requester. Do not send to the IRS.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Business name, if different from above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | City, state, and ZIP code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | List account number(s) here (optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part I Taxpayer Identification Number (TIN) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p><i>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="9" style="text-align: center; padding: 2px;">OR</td> </tr> <tr> <td colspan="9" style="text-align: center; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | Social security number | | | | | | | | | | | | | | | | | | OR | | | | | | | | | Employer identification number | | | | | | | | | | | | | | | | | |
| Social security number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part II Certification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under penalties of perjury, I certify that: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sign Here | Signature of U.S. person ▶ | Date ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LIABILITY & INDEMNITY AGREEMENT (include signed copy in your entry packet)

As valid consideration for entry into and participation in activities (the "Activities") with Houston Livestock Show and Rodeo, Inc., Houston Livestock Show and Rodeo Educational Fund and Corral Club, Inc. (collectively, "HLSR"), the undersigned hereby enters into this RELEASE OF LIABILITY AND INDEMNITY AGREEMENT (this "Agreement").

ACKNOWLEDGMENT OF RISKS: The undersigned recognizes and understands there are risks associated with entry into and participation in the Activities including, but not limited to, bodily injury or death, and damage to property or privacy rights. The undersigned further acknowledges that he/she will be liable for all damage to persons, livestock, or property that is caused by him/her or any persons (including, but not limited to, minors) under their care and control, and that arise out of, or are related to, the undersigned's entry into and participation in the Activities. **UNDER CHAPTER 87, TEXAS CIVIL PRACTICE AND REMEDIES CODE, A FARM ANIMAL PROFESSIONAL OR FARM OWNER OR LESSEE IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES, INCLUDING AN EMPLOYEE OR INDEPENDENT CONTRACTOR, RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES. UNDER CHAPTER 87, TEXAS CIVIL PRACTICE AND REMEDIES CODE, A LIVESTOCK SHOW SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN A LIVESTOCK SHOW RESULTING FROM THE INHERENT RISKS OF LIVESTOCK SHOW ACTIVITIES.**

RELEASE FROM LIABILITY: The undersigned hereby RELEASES, ACQUITS AND FOREVER DISCHARGES HLSR, its subsidiaries and affiliates and its and their present and former directors, officers, employees, agents, volunteers, and representatives and the respective heirs, administrators, executors, successors and assigns (collectively, the "HLSR Parties" or individually, an "HLSR Party") from any and all claims, causes of action, suits, judgments, settlements, expenses (including, but not limited to, reasonable attorneys' fees), and/or demands for personal injury, death and/or property damage, accrued or to accrue in the future, known or unknown, (collectively, "Claims") relating to or arising out of any negligent acts in connection with his/her entry into and participation in the Activities, including but not limited to the **NEGLIGENT ACTIONS OF THE HLSR PARTIES, REGARDLESS OF WHETHER SUCH NEGLIGENCE WAS THE SOLE, PROXIMATE OR PRODUCING CAUSE OF THE CLAIMS.**

AGREEMENT TO INDEMNIFY AND HOLD HARMLESS: THE UNDERSIGNED AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE HLSR PARTIES from any and all claims, causes of action, suits, judgments, settlements, expenses (including, but not limited to, reasonable attorneys' fees), and/or demands for personal injury, death or property damage, accrued or to accrue in the future, known or unknown, (collectively, "Claims"), including but not limited to Claims resulting from **THE HLSR PARTIES' OWN NEGLIGENCE, REGARDLESS OF WHETHER SUCH NEGLIGENCE WAS THE SOLE, PROXIMATE OR PRODUCING CAUSE OF THE CLAIMS**; provided, however, that the duty of the undersigned to defend, indemnify and hold harmless the HLSR Parties shall extend only to Claims arising directly or indirectly from the undersigned's entry into and participation in the Activities. As used herein, **"INDEMNIFY" means to agree to assume the HLSR Parties' liability as to any and all claims, causes of action, suits, demands, settlements, judgments and/or expenses (including, but not limited to, reasonable attorneys' fees) made by, through, or under the undersigned against the HLSR Parties related to the undersigned's entry into and participation in the Activities.**

PHOTOGRAPH/INTERVIEW RELEASE AND INDEMNITY: The undersigned GRANTS PERMISSION to be PHOTOGRAPHED, VIDEOED, RECORDED and/or INTERVIEWED in connection with the Activities. The undersigned understand that such photographs, videos, recordings and/or interviews may be used by HLSR Parties and/or television, film, video, visual, graphic, printed and/or social media. The undersigned agrees to **RELEASE** and **INDEMNIFY** HLSR Parties for any Claims related to photographs, videos, recordings and/or interviews by the HLSR Parties or any media.

TEXAS LAW AND ARBITRATION: The undersigned understands that this Agreement shall be binding on his/her heirs, executors, successors and assigns, that this Agreement will be governed by the laws of Texas, and that jurisdiction and proper venue for any dispute regarding this Agreement shall be in a State Court in Harris County, Texas. If any part of this Agreement is determined to be invalid or unenforceable, it does not affect the validity of the remainder of this Agreement. This Agreement controls notwithstanding any conflicting terms or conditions of any other agreement between the parties. The undersigned agrees to these terms and conditions and acknowledges receipt of this Agreement. HLSR may require that all claims or disputes between the undersigned and HLSR and/or its agents, officers, directors volunteers, members and assigns, in any way arising out of or related to this Agreement, shall be decided by binding arbitration administered by the American Arbitration Association ("AAA") pursuant to the Federal Arbitration Act, 9 U.S.C., 1, et seq. and in accordance with the Commercial Arbitration Rules of the AAA that are in effect at the time the demand for arbitration is filed, unless the parties mutually agree otherwise in writing. The decision of the arbitrator(s), which shall state findings of fact and conclusions of law, shall be final, conclusive and binding on the parties and judgment may be entered thereon in the District Court of Harris County, Texas, to enforce the decision.

COMPREHENSION AND AUTHORITY. The undersigned certifies that he/she has read, understand and will abide by all rules and regulations of the Houston Livestock Show and Rodeo, including but not limited to, the Horse Show Exhibitor Handbook. The undersigned represents that he/she thoroughly understands that this is a complete and final release and indemnity agreement, that he/she is voluntarily entering into this Agreement, and that no representations, promises or statements made by any HLSR Party, or any agent, attorney or other representative of any HLSR Party has influenced the undersigned in causing him/her to sign this Agreement.

By signing below you are stating that you have read the above Agreement in its entirety and agree to all of the terms and conditions stated.

Printed Legal Name

Signed Legal Name

Parent/Guardian Name

Parent/Guardian Signature

Date

Date