

AQHA ENTRY FORM

REQUIRED: Include a copy of horse registration papers, coggins and trainer, owner & exhibitor AQHA Competition Membership cards, if applicable

Autumn Classic
PO Box 70273
Albany, GA 31708
autumnclassic1985@gmail.com
RingRadar.com

Horse's Name		AQHA Reg No		DOB MM/DD/YY		Sex		Color	
Breed		WDAA Member #		WDAA Horse ID #					
Rider 1	Class #								
	Class Fee								
Name				DOB MM/DD/YY		Amateur Certificate		Yes	
AQHA #				Amateur Relationship to Horse Owner		No			
Address				City		State		Zip	
Rider 2	Class #								
	Class Fee								
Name				DOB MM/DD/YY		Amateur Certificate		Yes	
AQHA #				Amateur Relationship to Horse Owner		No			
Address				City		State		Zip	
OWNER INFORMATION Owner name as it appears on registration papers/purchase contract Name _____ AQHA # _____ Farm/Ranch _____ Address _____ Phone _____ City _____ St _____ Zip _____ Email _____ TRAINER INFORMATION must be filled out, if no trainer, owner may write in "same" Name _____ AQHA # _____ Farm/Ranch _____ Address _____ Phone _____ City _____ St _____ Zip _____ Email _____ Stable With _____				# Class Fee @ \$12.00		\$			
				# Class Fee @ \$15.00		\$			
				# Class Fee @ \$20.00		\$			
				# Class Fee @ \$25.00		\$			
				# Class Fee @ \$30.00		\$			
				1 Office Fee @ \$30.00/Horse		\$		30.00	
				1 EMS FEE @ \$10.00/Entry		\$		10.00	
				AQHA Membership Fee		\$			
				12 mos- \$65; Youth 12 mos \$25		\$			
				Amateur 12 mos \$75		\$			
1 AQHA Show Admin Fee #916510		\$		10.00					
AQHA Dressage Show Admin Fee #916511		\$							
# Tack Stall @ \$100.00		\$							
# Horse Stall \$100.00		\$							
OR									
Grounds Fee \$30.00		\$							
If not stalling									
Post Entry @ \$20.00		\$							
per horse after Nov 1, 2026									
Total Enclosed Fees		\$							
				Make Checks Payable to: Autumn Classic					

PLEASE READ AND COMPLETE RELEASE

Release of Liability: ASSUMPTION OF RISK, RELEASE AND HOLD HARMLESS AGREEMENT: I agree as follows by signing below:
 I choose for myself (or as parent or guardian to permit a junior exhibitor) to participate voluntarily in this competition. I AM FULLY AWARE AND ACKNOWLEDGE THAT PARTICIPATION IN THIS COMPETITION INVOLVES SERIOUS RISKS OF HARM, INCLUDING PERSONAL INJURIES, DEATH AND DAMAGES TO PROPERTY. I ASSUME RISKS OF HARM AND DAMAGES TO ME, MY HORSE AND PROPERTY. I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS (including from damages, costs and attorney fees) American Quarter Horse Association, the Competition, the facilities, and all of their respective Agents, Servants, Employees and Volunteers (Collectively the "Released Parties") from any claims, relating to the competition and my participation in the competition, belonging to me, or legally caused by me or my horse, for any kind of damages, losses, or injuries to myself, other persons, horses or property to the fullest extent permitted by law. I further agree to adhere to the rules set forth in the American Quarter Horse Association and the Autumn Classic Charity Show rules & Guidelines and understand all decisions made by the judge are deemed final and can not be protested.

Owner **Mandatory-No Junior Signatures	Signature X
Trainer or Custodian of horse @ show **Mandatory-No Junior Signatures	Signature X
**Adult Owner must sign if no trainer	Signature X
Rider 1 **Mandatory-No Junior Signatures	Signature X
Rider 2 **Mandatory-No Junior Signatures	Signature X

*Entries must be postmarked no later than **November 1, 2026**

OFFICE USE:		
Check # _____	Amount of Check _____	Name on Check _____