

2012 NCHA SUPER STAKES

OPEN & NON-PRO GELDING STAKES

(CONTEST WITHIN A CONTEST)

1. 2012 NCHA Super Stakes Open & Non-Pro Gelding Stakes will be limited to horses that are entered in the NCHA Super Stakes
2. Nomination fees for Open & Non-Pro Gelding Stakes:
On or before **February 15, 2012**. \$500
Late entries will be accepted after the draw, but before the beginning of the first go-round by paying a 50% penalty. There will be a 10-day grace period. (official postmark by US Postal Service).
3. The Gelding Stakes trials shall consist of the Super Stakes two go-rounds. The top thirty percent (30%) with a maximum of twenty (20) and a minimum of (10) horses that were drawn in the first go-round of each divisions trials may advance to the Gelding Stakes Finals.
4. In the event there are less than twenty-five (25) entries in a class, as of February 15, 2012, there will not be a working finals. Payout will be made according to the NCHA mandatory payout, to the highest advancing horses.
 - a. All finalists will receive premium checks.
5. Riders may ride three (3) horses in the 4-year-old Open & Non-Pro divisions, provided at least one of the three is a gelding that is entered in the Gelding Stakes. A photocopy of geldings papers must accompany this form.
6. All rules of the 2012 NCHA Super Stakes will apply in this event where applicable.
7. All finalists will be required to pay an additional cattle charge in the amount of \$175 per horse.

OPEN & NON-PRO GELDING STAKES

For Foals of 2008

2012 Super Stakes

RIDER & NCHA NO.	DIVISION		HORSE & REG. NO.	OWNER & NCHA NO.
	OPEN	NON-PRO		
_____			_____	_____
# _____			# _____	# _____
_____			_____	_____
# _____			# _____	# _____
_____			_____	_____
# _____			# _____	# _____

AS A CONDITION TO ENTRY IN THIS CONTEST I AGREE TO SUBMIT TO A POLYGRAPH EXAMINATION REGARDING COMPLIANCE WITH OR VIOLATION OF NCHA RULES GOVERNING NON-PROFESSIONAL HORSE OWNERSHIP, IF REQUESTED BY THE EXECUTIVE DIRECTOR AS PART OF AN INVESTIGATION CONDUCTED PURSUANT TO THE RULES.

If contestant is under 21 years of age both contestant and parent or legal guardian must sign this form.

RELEASE FROM LIABILITY AND WAIVER OF RESPONSIBILITY

As a condition to participate in this event, the NCHA, its directors, officers, employees, members, agents and representatives **ARE HEREBY RELEASED** from all claims, demands, or causes of action of any kind or nature whatsoever; whether now existing or to hereafter accrue, on account of any damage, cost or expense (i) **AS A RESULT OF ANY BODILY INJURY, LOSS OR DAMAGE TO ANY ANIMALS, EQUIPMENT OR OTHER PERSONAL PROPERTY, FROM ANY CAUSE WHATSOEVER INCLUDING, BUT NOT LIMITED TO, THE SOLE OR CONCURRENT NEGLIGENCE OF NCHA, ITS DIRECTORS,**

OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES; or (ii) as a result of the interpretation or enforcement of the NCHA Constitution, ByLaws, Rules or Regulations and the risk of any such damage, cost or expense which may occur by reason of foregoing is hereby assumed and accepted. This waiver is binding on the undersigned as well as all riders, grooms and other helpers associated with the participation of the horse(s) described herein in this event and the undersigned indemnifies the NCHA from all claims, demands, or causes of action based on any of the foregoing.

Owner _____ Address _____

City, State, Zip _____ Daytime Phone _____

Signed by: _____ NCHA ID No. _____

Minor Signature _____ Birth Date _____ Parent/Legal Gaurdian _____

Correspondent _____ Address _____

City, State, Zip _____ Daytime Phone _____

Signed by: _____ NCHA ID No. _____

Photocopy of registration certificate or colored photos of unregistered horses must accompany this application. Send to: NCHA, 260 Bailey Avenue • Fort Worth, Texas 76107-1862 • (817) 244-6188

Make premium checks payable to: _____ S.S. or Corp. ID # _____

*The Internal Revenue Service is now requiring us to withhold income tax on premium monies won at a rate of 31% on all taxpayers who do not provide a Taxpayer Identification Number (Social Security No. or Business ID No.). Please be sure to provide this on your entry form.

MasterCard Visa Card AmExp Number _____

Amount \$ _____ Exp date _____