



2006 NCHA Derby LIMITED OPEN CONTEST (Contest within Contest)



1. 2006 NCHA Derby Limited Open Contest will be limited to riders whose lifetime earnings in NCHA-approved and/or sponsored events equal less than **\$50,000** as of January 1, 2006.
 - a. The Open class limitation for riders is based on all lifetime earnings and is open to any eligible rider regardless of Open or Non-Professional status.
2. Nomination fees for Limited Open Contest:
On or before **June 1, 2006** **\$500**
There Will be a 10-day grace period (Official postmark by US Postal Services) Late entries will be accepted after the draw, but before the beginning of the first go-round by paying a 50% penalty.
3. The high scoring twenty percent (20%), with a minimum of six (6) and a maximum of twenty (20), will advance to the finals. Scores from the two go-rounds will be added together in determining the top twenty percent (20%).
 - a. In the event there are less than twenty-five (25) entries in a class, as of June 1, 2006, there will not be a working finals. Payout will be made according to the NCHA mandatory payout, **to the**

- highest advancing horse. The score received in the Open finals will determine the placing of the limited, if no entries advance to the finals the score received in the semi-finals will determine placing. If no entries advance beyond the second go round places will be determined by accumulative score.**
- b. All finalists will receive premium checks.
 4. All finalists will be required to pay an additional cattle charge in the amount of \$175 per horse. Deduction will be made from premium check for this charge.
 5. Riders may ride two (2) horses of any sex in the Limited Open or Contest.
 6. If a rider has attempted to compete in these classes and is found to be ineligible, disciplinary action may be taken. The burden of proof of eligibility is upon the rider.
 7. All rules of the 2006 NCHA Derby will apply in this event where applicable.

Limited Open Division

For Foals of 2002

\$5,000 Added

RIDER & NCHA #	DIVISION	HORSE & REG. #	OWNER & NCHA #
	LTD OPEN 4 YR OLD		
name & #		name & #	name & #
name & #		name & #	name & #

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 _____
(as it will be listed in the event program)

City, State, Zip _____ Daytime Phone _____

Signed by: _____ NCHA ID No. _____

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 Ave. Fort Worth, TX 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 Number _____ Amount \$ _____ Exp date _____