



FRIDAY NIGHT POLE BENDING & BARREL RACE

SANCTIONED W/ NY NBHA 08



RIDERS NAME: _____
 ADDRESS: _____
 PHONE NUMBER: (____) - ____ - _____ EMAIL ADDRESS: _____

MIDLAND MEMBER: YES or NO (Please Circle One)	NBHA MEMBER: YES or NO (Please Circle One)
BARRELS and/or POLES (Please Circle all that apply)	NBHA DISTRICT: _____ NBHA MEMBER #: _____

5:30 PM DRAW CLOSES FOR POLES & BARRELS
6:00 PM POLES START
7:00 PM BARRELS - IMMEDIATELY FOLLOWING POLES, NOT TO START BEFORE

HORSE NAME: (A) _____
 HORSE NAME: (B) _____
 HORSE NAME: (C) _____
 HORSE NAME: (D) _____

****PLEASE INDICATE HORSE(S) A, B, C &/OR D ON HORSE LINE. Not an "X" or Dollar Amount****

OPEN POLE BENDING \$100 ADDED:	\$30.00 Entry Fee x'S _____	(# OF HORSES) Total \$ _____	
OPEN \$250 ADDED:	\$33.00 Entry Fee x'S _____	(# OF HORSES) Total \$ _____	
YOUTH 18 & UNDER \$50 ADDED: APPLY OPEN TIME: _____	\$28.00 Entry Fee x'S _____	(# OF HORSES) Total \$ _____	
MIDDLE 19-49 \$50 ADDED: APPLY OPEN TIME: _____	\$28.00 Entry Fee x'S _____	(# OF HORSES) Total \$ _____	
SENIOR \$50 Added (50 & OVER): APPLY OPEN TIME: _____	\$28.00 Entry Fee x'S _____	(# OF HORSES) Total \$ _____	
		OFFICE FEE: \$5.00	
		TOTAL \$ _____	

Included in Entry Fee is \$5.00 timer/NBHA fee w/ remaining 70% money to the Pot.

THIS IS A DANGEROUS SPORT. I, BY MY SIGNATURE BELOW, DO HEREBY RELEASE KEVIN J CLARK PERSONALLY, OUR SUBSIDIARIES INCLUDED BUT NOT LIMITED TO: MIDLAND BARRELS, MIDLAND BARREL RACING, OUR INSURANCE COMPANY, AS WELL AS ALL OF OUR VOLUNTEERS, EMPLOYEES, NBHA & WPRA OF ANY LIABILITY FROM ACCIDENT OR INJURY TO MYSELF OR PERSONAL PROPERTY. ADDITIONALLY, I HEREBY WAVE RIGHTS FOR REPRESENTATION FROM NBHA & WPRA REGARDING ANY DISPUTES WITH THE MIDLAND BARREL SHOW I AM PARTICIPATING IN. I AGREE TO FOLLOW ALL POSTED RULES AND REGULATIONS SET FORWARD BY MIDLAND BARRELS AND MIDLAND BARRELS ALONE. ALSO, BY ENTERING MIDLAND BARRELS I GIVE MIDLAND BARRELS THE RIGHT TO USE MY PHOTOGRAPH(S) IN CONNECTION WITH THE ADVERTISEMENT & PROMOTION OF MIDLAND BARRELS.

SIGNATURE: _____ (IF UNDER 18, PARENT/GUARDIAN SIGNATURE) DATE: _____