

# \$207,000 Added FUTURITY

Must be received by **OCTOBER 1, 2024** with full payment.

Entry is not considered as completed by deadline unless both entry form and payment have been received.



**October 16-26, 2024**

Hardy Murphy Coliseum • Ardmore, OK

For Office Use: Entry # \_\_\_\_\_

Copies of Horse's Competition License, Owner & Rider NRHA Membership Cards & Negative Coggins must accompany Entry. Owner & Rider must be members of the SWRHA in order to be eligible for SWRHA awards.

HORSE NAME: \_\_\_\_\_ Comp Lic # \_\_\_\_\_

Year Foaled: \_\_\_\_\_ Sex: \_\_\_\_\_ Coggins Test: Date Tested \_\_\_\_\_ Confirmed Negative

SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

NRHA #: \_\_\_\_\_ SWRHA Member: YES NO SSN #: \_\_\_\_\_

Address: \_\_\_\_\_ New Address: YES NO Required to receive checks

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

RIDER NAME: \_\_\_\_\_

NRHA #: \_\_\_\_\_ SWRHA Member: YES NO Non Pro: YES NO Name of Trainer: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_ Youth: YES NO Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ New Address: YES NO

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

**PRIZE MONEY WILL BE PAID TO THE OWNER OF THE HORSE.**

**HOTEL INFORMATION**

Please fill out to allow us to give feedback to our hotel sponsors:

Will you or someone in your group be staying in an Ardmore hotel? Yes No

If so, which one? \_\_\_\_\_ # nights \_\_\_\_\_

**Draw Dates:**

Open - Thursday, Oct. 17, 2024

Non Pro - Wednesday, Oct. 16, 2024

*\*All Futurity entries are required to enter one Level up. (Ex: If entering the Level 1 Open, you must enter the Level 2 Open.)*

*If cross entering, pay only the highest Judges Fee.*

*Late Futurity entries will be accepted with a \$150 late fee.*

*Open entries received after noon, Oct. 17, through 30 minutes following the conclusion of the Non Pro Oct. 18 will be accepted with a \$175 late fee.*

*Non Pro entries received after noon, Oct. 16, through 6 p.m. Oct. 17 will be accepted with a \$175 late fee.*

*The show management reserves the right to interpret these rules and regulations. All decisions will be final. By way of making an entry, the exhibitor is assuming responsibility for knowledge of the rules and releases show management from any claims or losses. The show management reserves the right to modify or change conditions for the SWRHA Futurity and Show. Entrant must sign additional release form (page 2).*

## \$141,000 ADDED BILLINGSLY FORD OPEN FUTURITY

Added Money	Class #	✓	Class Name	Pattern	Entry Fee	Judges Fee
\$70,000	30		Open Level 4	8	\$750	\$175
\$40,000	31		Open Level 3 (Intermediate)		\$450	\$150
\$15,000	32		Open Level 2 (Limited)		\$200	\$125
\$10,000	33		Open Level 1		\$75	\$100
\$3,000	34		Prime Time Open		\$100	-
\$3,000	35		Masters Open		\$100	-

## \$66,000 ADDED RANCHO LOS PALOMINOS NON PRO FUTURITY

Added Money	Class #	✓	Class Name	Pattern	Entry Fee	Judges Fee
\$30,000	70		Non Pro Level 4	14	\$350	\$125
\$15,000	71		Non Pro Level 3 (Intermediate)		\$175	\$100
\$10,000	72		Non Pro Level 2 (Limited)		\$125	\$75
\$5,000	73		Non Pro Level 1		\$50	\$75
\$3,000	74		Prime Time Non Pro		\$100	-
\$2,000	75		Masters Non Pro		\$100	-
\$1,000	76		Platinum Non Pro		\$100	-

SWRHA Stallion Auction Foal      yes      no

Total Class Fees \_\_\_\_\_

Late Fee (\$150) If after Oct. 1, 2024 \_\_\_\_\_

Office/Security Fee      \$45

Video Monitor Fee      \$15

NRHA Drug Fee (per horse)      \$35

Haul-In Fee: \_\_\_\_\_

# \_\_\_\_\_ Day Fee @ \$25 \_\_\_\_\_

(If no stalls are needed)

Stabling Request Form must be completed & paid by Oct. 1.  
**FOR ENTRY TO BE COMPLETE, PAGE 2 MUST BE SIGNED!**

Mail, Fax or E-mail to: SWRHA Office  
13181 US Highway 177, Byars, OK 74831  
PH: 580-759-2929 • FAX: 580-759-3999 swrha@swrha.com

Last Revised on July 29, 2024 2:15 PM

Check this box to opt out of making a \$10 Donation to Reining Horse Foundation.

**TOTAL** \_\_\_\_\_



# Credit Card Authorization Form

(Use this form if you'd like to pay with a credit card instead of a check.)

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Credit Card Type:      Visa                      MasterCard                      Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3-digit CVV code: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_ U.S.D. + 5% convenience fee of \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
(total authorized amount)

I hereby authorize Southwest Reining Horse Association to charge my credit card the above \$ amount.

\_\_\_\_\_  
Printed Name (as it appears on credit card)                      Customer Signature

Payment For:

Show Entries                      Stalls                      Sponsorship                      Other: \_\_\_\_\_

*Please Initial:*

\_\_\_\_\_ Please hold this credit card to be used for additional charges, if needed, during the event.

**For Final Payment:**

Payment amount: \$ \_\_\_\_\_ U.S.D. + 5% convenience fee of \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
(total authorized amount)



### **Release of Liability**

The novel coronavirus, COVID-19, was declared a pandemic by local, state and federal governmental agencies. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. I am aware that I must follow the safety and hygiene protocols that have been implemented by the SWRHA or event management and that are posted at the event. I acknowledge and confirm that the SWRHA cannot guarantee that I, and any persons attending the event with me (including minors), will not become infected with COVID-19. I further acknowledge and confirm that attending the event could increase that I, and any persons attending the event with me (including minors), have of contracting COVID-19. By signing this document, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, and any persons attending the event with me (including minors), may be exposed to or infected by COVID-19 when attending the event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the event may result from the actions, omissions, or negligence of myself and others, including but not limited to, SWRHA employees, event employees, event volunteers, participants and others in attendance at the event. I acknowledge that I may be exposed to COVID-19 before or after the event and from interactions that I have away from the event. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to me, and any persons attending the event with me (including minors), including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I and my heirs and personal representatives and any minors I am responsible for who attend the event with me.

I understand and am aware of the inherent risks associated with equine activities. I assume all risks associated with my participation in the event and hereby release and hold harmless the National Reining Horse Association, Hardy Murphy Coliseum, and the Southwest Reining Horse Association, and sponsors and suppliers for the event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs and expenses including reasonable attorney's fees arising out of participation in the event, including without limitation, any personal injuries or damage to my property which I may incur as a result of performing in a reining horse event.

Warning: Under Oklahoma law, (Title 56, LIVESTOCK ACTIVITIES LIABILITY LIMITATION , (Chapter 50.1) An equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

I hereby enter this event at my own risk and subject to all rules and regulations of the Southwest Reining Horse Association. I am aware of the inherent risks associated with equine activities and I assume all risks associated with the event and hereby release and hold harmless the Hardy Murphy Coliseum, the National Reining Horse Association, the Southwest Reining Horse Association and all respective directors, officers, agents, successors and assigns, sponsors and suppliers, from and against any and all claims, limitation of injuries or damage to my property which I may incur as a result of my participation or attendance at this event.

I agree to abide by the terms and conditions of this Release & Waiver of Liability. I warrant that I am of legal age and that I have read and fully understand the foregoing terms. I hereby acknowledge that I meet the criteria for eligibility to compete in the classes entered according to current NRHA and SWRHA guidelines. I understand that the show management reserves the right to interpret these rules and regulations. All decisions will be final. By way of making an entry, I assume responsibility for knowledge of the rules and release show management from any claims or losses. Show management reserves the right to modify or change conditions for the SWRHA Futurity and Show.

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Signature

Date

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Printed Name

NRHA #

Phone #

**Parent or Guardian's Guarantee**

I, \_\_\_\_\_, represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age and that I have read and fully understand the foregoing release and agree for participant's heirs, successors and assigns, and for participant's legal representatives to be bound by the terms thereof.

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Signature

Date

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Printed Name

NRHA #

Phone #



# SWRHA

SOUTHWEST REINING HORSE ASSOCIATION



## Membership Application

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

NRHA #: \_\_\_\_\_ SSN#: \_\_\_\_\_

*Required to receive checks*

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

MEMBERSHIP TYPE:     Individual (\$25)     Lifetime (\$200 - Individual Only)     Family (\$35)

For a family membership, please include all participating family members (spouse and children under 18 qualify as family):

Family Member Name:

NRHA # (required)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

*Please include e-mail address to receive updates and news pertaining to the SWRHA and NRHA.*

Note: In order to qualify for the Year-End Awards, you must be a current member of the SWRHA. Membership runs from January 1 to December 31. For year-end awards, the rider must be a member at the time of competition for points to count. Owner and rider must be members in order to win prizes at the SWRHA Futurity & Show. SWRHA does not send out membership cards. Members are posted on our website and sent to NRHA when the membership is received. It is your responsibility to check our website to ensure your membership has been received. Please retain proof of payment for your membership via canceled check or receipt of payment from a show secretary.

Check One:     Check     VISA     MasterCard

*\*Traditional payment methods accepted are cash and check. For your convenience, Visa and MasterCard are also accepted with a 3% convenience fee.*

CC # \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Address \_\_\_\_\_ CVC \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Send membership form(s) and payment to:  
SWRHA Office • 13181 US Highway 177 • Byars, OK 74831  
TEL: (580) 759-2929 • FAX: (580) 759-3999 • swrha@swrha.com

For Office Use:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_