

## AQHVA RACING EXPERIENCE

*Applications must be received at AQHA by August 15 if you are an at large participant. Racing affiliates may send one youth representative from their regional race experience; their applications are due by August 30. Applicants must be at least 14 years of age by January 1<sup>st</sup> of the race year. Please print and fill this form out completely and return with a color photograph (suggested for use in promotion) and essay (required).*

Name: \_\_\_\_\_ AQHYA ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax: #: \_\_\_\_\_  
Name of parent(s) or guardian(s): \_\_\_\_\_  
Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Are you a member of affiliate or regional Quarter Horse Youth Associations? Yes\_\_\_ No\_\_\_

If yes, list which ones: \_\_\_\_\_

If yes, do you hold an affiliate or regional Quarter Horse Youth Association Office? Yes\_\_\_ No\_\_\_

If yes, list which ones: \_\_\_\_\_

List all organizations you are a member of: \_\_\_\_\_

Hobbies and interests: \_\_\_\_\_

List your past experience(s) involving horses (i.e. ridden since you were 3, etc.):

\_\_\_\_\_

Future plans or career goals:

\_\_\_\_\_

Check any AQHYA Programs that you have been involved in.

- |  |  |
|--|--|
| <input type="checkbox"/> Horseback Riding Program                                | <input type="checkbox"/> Leadership Conference         |
| <input type="checkbox"/> STAR Program  | <input type="checkbox"/> Wrangler All STAR Team Member |
| <input type="checkbox"/> Speech Contest  | <input type="checkbox"/> Horse Bowl Contest            |
| <input type="checkbox"/> Talent Contest  | <input type="checkbox"/> Scrapbook Contest             |
| <input type="checkbox"/> Photo Contest   | <input type="checkbox"/> Art Contest                   |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Judging Contest               |
| <input type="checkbox"/> AQHYA Regional Race Experience held at _____ (Location) |  |

Are any of your family members involved in American Quarter Horse racing? Yes\_\_\_ No\_\_\_

If yes, in what capacity? Please check all that apply.

Trainer  Breeder  Owner  Jockey  Racetrack employee

Other (please explain) \_\_\_\_\_

List any previous knowledge of or experience you have in the horse racing industry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a typed, double-spaced essay no longer than 500 words in length explaining why you are interested in American Quarter Horse racing and why you should be selected to participate in this program.

**Parental or Guardian Indemnity and Release:**

I/we do hereby request that my/our son/daughter/ward, \_\_\_\_\_, be allowed to participate in the AQHYA Championship Experience, which is purely voluntary on the part of the minor and ourselves. As an express condition by AQHA for such participation, without which the minor will not be allowed to participate, I/we, and each of us, jointly and severally, hereby agree to indemnify and hold harmless AQHA, AQHYA, track management, and all persons officially connected with the AQHYA Championship Experience, from any and all liability of every kind and character, including, but not limited to, bodily injury or property damage sustained by the minor or ourselves while participating in or being in attendance at this activity.

I/we further release these indemnities from all claims above stated as I/we, or either of us, have individually or as parents or legal guardian for the minor's benefit, or that the subrogee of ourselves and the minor may have.

I/we further agree that I/we do hereby authorize the use of any pictures, still or video, which might be taken for advertising by corporate partners, and if selected by AQHA for use in promotion and advertising of the AQHYA Youth Racing Experience and/or American Quarter Horse racing.

Signature of Parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

If legal guardian, court-issued documentation must accompany entry if not already on file with AQHA. The undersigned does hereby agree to abide by and be governed by all rules and regulations of the American Quarter Horse Association as outlined in the Official Handbook and Conduct & Behavior Policies.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

**DEADLINE:** AUGUST 15(August 30<sup>th</sup> for the Regional Race Representative):

**SEND TO:** AQHYA

ATTN: KAYCE WAGNER/SARAH SMIDDY

1600 Quarter Horse Dr.

Amarillo, TX 79104

PHONE: (806) 378-4342, FAX: (806) 349-6409

Upon acceptance you will receive a workbook that must be completed and returned by October 1<sup>st</sup>. Thank you for your interest in Quarter Horse Racing and GOOD LUCK!!!