



# Diablo Fall Fling Arabian/Half Arabian Value Horse Show

An Arabian, Half Arabian/Anglo Arabian & All Breed Horse Show – May 15-17, 2026  
Brookside Show Park – Elk Grove, CA

Make checks payable to: **DAHA** or provide **Credit Card info below**  
**Mail** with entries to SHARON RICHARDS, Show Secretary  
1445 MONUMENT PLACE, NEWCASTLE, CA 95658  
sharonafix@gmail.com (916) 645-2288

Horse's Name		AHA Reg. No. (if applicable)		DOB MM/DD/YY		Sex	Color
Sire		Dam				WDAA #	
<b>Rider 1</b>	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY		Amateur Yes No		Rider's Relationship to horse owner(s) for owner classes	
AHA#		WDAA #		Amateur Sign Here		Safe Sport	
Address		City		State		Zip	
<b>Rider 2</b>	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY		Amateur Yes No		Rider's Relationship to horse owner(s) for owner classes	
AHA #		WDAA #		Amateur Sign Here		Safe Sport	
Address		City		State		Zip	
<b>Rider 3</b>	Classes / Sections						TOTAL FEES
	Entry Fees						\$
Name		DOB MM/DD/YY		Amateur Yes No		Rider's Relationship to horse owner(s) for owner classes	
AHA#		WDAA #		Amateur Sign Here		Safe Sport	
Address		City		State		Zip	

Each person signing this entry form (THREE PAGES) acknowledges that he/she has read the front and back of this Entry Form and agrees to the applicable terms, conditions, waivers, releases, indemnification, and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge. **Minor entrants must also have parent/guardian signature(s) on the back.**

**PLEASE SEND THE FOLLOWING WITH YOUR ENTRIES**  
Photocopies of Horses Registration Papers & Purchase contract if applicable.  
AHA Membership cards for each Rider/Driver/Handler/Coach/Trainer/Owner if entered in AHA Classes

### ONE HORSE PER ENTRY FORM

#### OWNER INFORMATION (Owner name as it appears on registration papers/purchase contract)

Name \_\_\_\_\_ WDAA# \_\_\_\_\_  
 AHA# \_\_\_\_\_ USEF # (not required) \_\_\_\_\_  
 Farm/Ranch \_\_\_\_\_ IF USEF # Safe Sport Required \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

#### TRAINER INFORMATION (must be filled out, if there is no trainer, the person responsible for the horse at show)

Name \_\_\_\_\_  
 AHA# \_\_\_\_\_ USEF # (not required) \_\_\_\_\_  
 Current Address \_\_\_\_\_ IF USEF # Safe Sport Required \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

STABLE WITH \_\_\_\_\_

**Entries Close without penalty: Postmarked By May 1 2026**

**\*\*PAYMENT INFORMATION (PLEASE PRINT LEGIBLY)** Date \_\_\_\_\_

Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ Make checks payable to DAHA

Credit Card: ( ) Visa ( ) Discover ( ) MasterCard ( ) AMEX (3% processing fee will be charged)

Card # \_\_\_\_\_  
 Name \_\_\_\_\_ Exp. \_\_\_\_\_ 3 Digit CVC# \_\_\_\_\_  
 On Card \_\_\_\_\_ Date \_\_\_\_\_ Back of Card \_\_\_\_\_  
 Card Holder \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Card Holder \_\_\_\_\_  
 Signature \_\_\_\_\_ Phone \_\_\_\_\_

<b>Total Class Entry Fees</b> (From above. See class schedule for class fees.)	\$
<b>Stall Fees</b>	
Show Horse Stalls @ \$150 (no shavings)	\$
Show Tack/Grooming Stalls @ \$150	\$
Early Move In @ \$10/horse stall (May 13 or earlier)	\$
Grounds Fee @ \$30/horse (Trailer in Fee)	\$
<b>Mandatory Fees</b>	
Office Fee @ \$30 per horse	\$30.00
AHA Show Recognition Fee @ \$7 per Arabian/HA/AA horse	\$ 7.00
AHA Resolution 9-90 Fee @ \$5 per Arabian/HA/AA horse	\$ 5.00
California Drug Fee	\$14.00
Total Mandatory Fees per Arabian/HA/AA Horse	\$56.00
Total Mandatory Fees per All Breed Entry	\$30
<b>Miscellaneous Fees</b>	
Post Entry Per Horse (after May 1) @ \$20.00	\$
Post Entry Per Class (after May 1) @ \$5.00 (No post entry fee for Championship Classes)	\$
Trail Horse Fee @ \$25 per horse (Includes Trail (Warm Up))	\$
CAWDA Member Western Dressage Fee @ \$5.00	\$
Incomplete Entry (up to \$20.00)	\$
<b>Association Fees</b>	
AHA Single Event Fee @ \$40/person (for Arabian/HA/AA entries)	\$
<b>Sponsorship Opportunities</b>	
Patron Sponsorship – \$250	\$
Reg. Class Sponsorship: \$20 each, 2 for \$35	\$
Championship Class Sponsorship – \$35	\$
TBA Class Sponsorship - \$50	\$
<b>TOTAL</b>	<b>\$</b>

## AHA ENTRY AGREEMENT

I have read the rules concerning competitions as printed in the Arabian Horse Association® (AHA®) Handbook and Directory and agree to be bound by and subject to those Rules.

## AHA ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

**This document waives very important legal rights. Read it carefully before signing.**

In consideration for AHA permitting me to participate in this Competition, and by signing the entry blank, I agree as follows:

**I AGREE** that I choose to participate voluntarily in this Competition, as a rider, driver, handler, lessee, owner, agent, coach, trainer, junior exhibitor, or as a parent or guardian of a junior exhibitor. **I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN AND SUFFERING, AND PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE(S) AND MY PROPERTY. I AGREE** as a Horse Show Participant (or Parent/Guardian of Participant if a minor) to waive all claims which may otherwise arise from, including but not limited to infectious bacteria, viruses, fungi/mold, parasites, or other agents which may be present at the Horse Show (and most other outdoor locations) and can cause infection in humans, as well as in animals. **I AGREE** for myself, my heirs, executors, administrators, successors and assigns to **release** AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and **all claims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest extent** permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition **INCLUDING, BUT NOT LIMITED TO, DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES**, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises. **I AGREE to indemnify and hold harmless** (that is pay all losses, damages, attorney's fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorney's fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control. **I AGREE and represent** that I am qualified and eligible to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered. **I AGREE to accept AS FINAL** any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, Equestrian Canada or U.S. Equestrian Federation permit a protest or hearing of such decisions. Should a hearing be requested, **I agree to accept AS FINAL** the decision of the particular hearing body. **I agree to release, hold harmless and not to sue** AHA, the Competition Sponsor, their officers, directors, employees, volunteers, or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s)' qualifications to enter the Competition or any results of the Competition. **I AGREE** that AHA has the sole right to control, sell, supervise or give away (or assign to others the right to do so) the exclusive rights to broadcast, televise, reproduce, transmit and disseminate all or part of this event, and I agree that AHA may use or assign, in any way AHA sees fit, photographs, films, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the Competition for the promotion, coverage or benefit of the Competition or AHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way which implies endorsement of any company, product, product category or service. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

By signing below as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child.

**This AHA Assumption of Risk, Release and Indemnification** is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AHA, its officers, directors, employees, volunteers, or agents shall be in the local district courts or the federal court of the State of Colorado. If any part of this agreement is determined to be unenforceable, all other parts shall remain in effect.

Owner <b>** Mandatory</b>	Print Name	Must be Adult Signature
Trainer or Custodian of horse @ show <b>** Mandatory</b>	Print Name	Must be Adult Signature
Rider 1 <b>** Mandatory</b>	Print Name	Must be Adult Signature
Rider 2	Print Name	Must be Adult Signature
Rider 3	Print Name	Must be Adult Signature
Coach – (if applicable) USEF #	Print Name	Must be Adult Signature
Print Minor Name Here	Print Parent/Guardian Name Here	Must be Adult Signature
Print Minor Name Here	Print Parent/Guardian Name Here	Must be Adult Signature

\*\*\*\*\* EMERGENCY PHONE NUMBER FOR EXHIBITOR

**MUST BE SIGNED IN AT LEAST 3 PLACES BY ADULTS ONLY**

**AHA Membership is not required for Parents/Guardians signing for minors.**

**DIABLO AHA RELEASE AND INDEMNITY**

I, \_\_\_\_\_, the undersigned (employee, staff, official, volunteer, participant, owner, invitee, vendor ) (check one) associated with the 2026 Diablo AHA Spring Arabian Value Horse Show which is to be held on the grounds known as Brookside Show Park located in Elk Grove, California May 14-17, 2026 (competition dates of May 14-17, 2026).

Understand, acknowledge, and agree that Diablo Arabian Horse Association (DAHA), a club which is governed in part, by certain rules promulgated by the Arabian Horse Association and the United States Equine Federation, is a separate independent Non-Profit Corporation organized under the law of the State of California to promote the Arabian Horse, its owners, and members.

In keeping with my understanding of the above, agree to release, indemnify and hold harmless DAHA, its President, Board Members, Officers, Employees, Agents, Servants and/or Assignees from all liability regarding loss, cost, damage, or expense, arising out of, attributable to, or occurring concurrently or in any sequence with a communicable disease. This applies even if loss or damage is classified as or resulting from an epidemic or pandemic by a national or international health authority.

This release and indemnity as used herein will include communicable disease being any infectious or contagious substance, including a virus, bacterium, parasite, microorganisms or other organism or any mutation thereof which induces or is capable of inducing physical distress, illness or harm, regardless of the method of transmission, whether direct or indirect, including airborne transmission, bodily fluid transmission, transmission from or to an surface or object, solid, liquid or gas between humans, animals, or from any animal to any human or any human to any animal.

Further, the undersigned agrees to indemnify DAHA for any act by a third party, agent, employee, heir, assignee, or servant or invitee of the Undersigned.

The Undersigned will be responsible for all cost, including attorney's fees incurred by DAHA for action of the Undersigned or others described herein.

This Release and Indemnity Agreement will be governed under the laws of the State of California.

\_\_\_\_\_  
\_ Signature (Adult Only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Additional Names

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_