



**ABRA Youth Classes:**

Sat	Sun		Sat	Sun		Sat	Sun	
___	___	14. ABRA Yth. Geldings	___	___	64. ABRA Yth 14-18 HUS	___	___	97. ABRA Yth 14-18 Hrsmshp
___	___	15. ABRA Yth. Perf. Geldings	___	___	65. ABRA Yth 13/U HUS	___	___	98. ABRA Yth 13/U Hrsmshp
___	___	25. ABRA Yth. Mares	___	___	73. ABRA Yth 14-18 Equitation	___	___	114. ABRA Yth Trail
___	___	26. ABRA Yth. Perf. Mares	___	___	74. ABRA Yth 13/U Equitation	___	___	126. ABRA Yth Poles
___	___	46. ABRA Yth 14-18 Showmanship	___	___	87. ABRA Yth 14-18 West. Pleasure	___	___	131. ABRA Yth Barrels
___	___	47. ABRA Yth 13/U Showmanship	___	___	88. ABRA Yth 13/U West. Pleasure			

ABRA Youth Exhibitor 13/U: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

ABRA Youth Exhibitor 14-18: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Youth ABRA# \_\_\_\_\_ Youth SWBA# \_\_\_\_\_

**ABRA Youth 10 & Under Classes:**

Sat	Sun		Sat	Sun		Sat	Sun	
___	___	48. ABRA Yth Showmanship	___	___	75. ABRA Yth W/T Equitation	___	___	99. ABRA Yth W/T Hrsmshp
___	___	66. ABRA Yth W/T HUS	___	___	89. ABRA Yth W/T Western Pl.	___	___	109. ABRA Yth W/T Trail

ABRA Youth Exhibitor 10 & U: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Youth ABRA# \_\_\_\_\_ Youth SWBA# \_\_\_\_\_

**SOUTHERN WISCONSIN BUCKSKIN ASSOCIATION (SWBA) OWNER/EXHIBITOR AGREEMENT**

I, the undersigned, in consideration of being allowed to participate as an exhibitor, contestant, along with the owner, lessor, trainer, manager, agents, coach, rider and horse at this SWBA event at Walworth Fair, Elkhorn, WI, I, on behalf of myself, and my heirs, administrators, personal representatives, assigns and children and spouse, if any, do hereby agree to hold harmless, release and discharge SWBA, which includes its officers, directors, members, agents, representatives, affiliates and insurers, of and from all claims, demands, causes of action and legal liability whether known or unknown, anticipated or unanticipated, due to the ordinary negligence of SWBA. I shall not bring any claims, demands, legal actions or causes of action against SWBA for any damage or loss due to bodily injury, death or property damage arising out of my participation in this event.

I have also read the SWBA show rules.

I/WE THE UNDERSIGNED HAVE READ AND AGREED TO THE ABOVE AGREEMENT AND WAIVER AND TESTIFY TO THE ABOVE BY SIGNATURE BELOW:

**At least one of the following must sign and act as the agent for the above stated horse.**

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

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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

**Parent/Guardian must sign for exhibitors under the age of 18**

**OFFICE USE ONLY - Check ALL boxes or mark N/A**

In-State Coggins:  Date Drawn: \_\_\_\_\_

Out-Of-State Coggins:  Date Drawn: \_\_\_\_\_

Out-Of-State Health Papers:

ABRA Owner Member Card Copied?

ABRA Exhibitor Member Card Copied?

Horse Registration Papers Copied?

ABRA Open Performance ROM Copied?

ABRA AM Performance ROM Copied?

ABRA YTH Performance ROM Copied?