

**ARKANSAS STATE HORSE SHOW ASSOCIATION  
CONSENT, WAIVER, AND RELEASE**

**Permission to Test for Drugs:**

I hereby give the Arkansas State Horse Show Association Board permission to conduct an appropriate test for the purpose of checking for the use of drugs which could affect the performance of such horse(s) in an event. I understand that persons found guilty will be punished according to the ASHS Drug Testing Rules. I also understand that failure to submit to the test will result in punishment according to the ASHSA Drug Testing Rules.

**Disclaimer of Responsibility:**

I hereby release the Arkansas State Horse Show Association, its officers, agents, employees, board of directors and assigns, any other persons, firms or corporations from any and all claims, demands, damages or injury to myself and family while participating in the Arkansas State Championship Horse Show. I also release Barton Coliseum of the same.

\_\_\_\_\_  
Signature of Owner of Horse

\_\_\_\_\_  
Signature of Exhibitor

\_\_\_\_\_  
Address of Owner

\_\_\_\_\_  
Signature of Parent or Guardian  
(If above is a minor)

\_\_\_\_\_  
Address of Exhibitor

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires