



2019 ARIZONA DOWNS - AQRA

OPEN QUARTER HORSE DERBY

(\$10,000 Added)

For Three Year Olds - Quarter Horse Foals of 2016

Weight: 124 lbs (No Sex Allowance)

TRIALS: AUGUST 11, 2019

400 Yards (Trials & Finals)

FINALS: SEPTEMBER 1, 2019

**PURSE DISTRIBUTION: 55% to winner, 20% to second, 10% to third, 6% to fourth, 4% to fifth, 1% to sixth, 1% to seventh, 1% to eighth, 1% to ninth, 1% to tenth.
5% Withheld for AQRA Administrative Expenses**

BY SUBSCRIPTION OF:

\$300.00 on or before May 15, 2019

Please include \$50 for single or \$75 for partnership AQRA membership dues

\$300.00 on or before June 15, 2019

\$400 on or before July 15, 2019

\$1000.00 TOTAL FEES

Ten horse field for the Trials and Futurity.

It is the responsibility of the Owner or Trainer to enter horse at Arizona Downs.

LATE NOMINATIONS:

- 1) Will be accepted until June 15, upon payment of double May 15 payment plus \$300 June 15 (\$900.00)
- 2) Will be accepted until July 15 upon payment of double May and June payments plus \$400 July (\$1,600.00)
- 3) TIME OF ENTRY: \$3500 at time of entry (Cash or Cashier's Check Only)

HORSES WHO REMAIN ELIGIBLE FOR THE TRIALS AND FINAL OF THIS RACE MAY BE SUBJECT TO HAIR TESTING

NAME OF HORSE	COLOR	SEX	AGE	SIRE	DAM	FEES
			3			
			3			

Trainer: _____ **TOTAL ENCLOSED** _____

Owner: _____ **Phone:** _____

Address: _____ **STATE** _____ **ZIP** _____

Email Address: _____

SEND TO: AQRA P.O. BOX 1316 THATCHER, ARIZONA 85552

ALL PAYMENTS MUST BE POSTMARKED BY DUE DATE OR LATE FEES WILL APPLY. ANY MISSED PAYMENT AFTER NOMINATION WILL DOUBLE (If paid by time of next payment)...

CALL 602-625-0468 TO PAY BY CREDIT CARD (5% surcharge)

Release of Liability or Waiver of Liability

I, the undersigned, and my parent/guardian, if applicable, do hereby release, indemnify, and hold harmless, The Arizona Quarter Racing Association, it's board of directors, officers, agents, employees and volunteers or any sponsor from any and all liability claims demands and actions whatsoever arising out of or related to any loss, which may be sustained to me or any property belonging to me. The terms hereof shall also serve as an assumption of risk for my heirs, executor, executor and administrator for all members of my family, and may be pleaded as a bar to litigation. By my signature I agree to all terms and conditions as written on this form.

Owner Signature _____

DATE _____

Any horse that qualifies for a final race that tests positive in the trial, elimination or qualifying race for that final, shall not be eligible to run in the final if the drug for which the horse tested positive would result in a disqualification once the adjudication process is complete. By signing this form, I acknowledge that this ineligibility to participate in the final is based solely on the result of the primary sample tested by the Arizona division of gaming, Department of racings contract laboratory and is not dependent on either a ruling issued by stewards or the result of any split sample analysis. In the event of a positive test that meets the criteria stated above, the horse that ran next in line by qualifying criteria shall advance.

SIGNATURE _____ DATE _____

Cualquier caballo que califique para una carrera final que tenga un resultado de dopaje positivo, en la carrera de clasificación o eliminatoria, no será elegible para correr en la carrera final. Esto a causa de la dopamina por la cual el caballo haya resultó positivo, una vez que el proceso y veredicto este completo daría lugar a una descalificación.

Al firmar este formulario, reconozco que esta inelegibilidad para participar en la carrera final se basa únicamente en el resultado de la muestra primaria analizada por la división de juegos de Arizona y el laboratorio contratado por el Departamento de Carreras, esto no dependerá en la decisión emitida por los administradores o el resultado de cualquier otro análisis separado. En el caso de un análisis positivo que cumpla con los criterios establecidos, anteriormente mencionados, el caballo que haya corrido segundo en línea avanzara.

SIGNATURE _____ DATE _____