



CHANGE FORM
Feb 26 - March 2, 2025
WACO, TX

EMAIL: entry@elitebarrelracing.com
OFFICE: 877-933-3277
FAX: 972-947-3113

**ALL CHANGES MUST BE COMPLETED BEFORE THE FIRST HORSE RUNS
IN THE RACE YOU ARE ENTERED.**

PLEASE CIRCLE WHICH YOU ARE CHANGING:

HORSE

RIDER

ORIGINAL RIDER NAME: _____ PHONE: _____

ORIGINAL HORSE ENTERED: _____

CHANGING TO: _____

IF RIDER CHANGE, NEW RIDER'S ADDRESS: _____

NEW RIDER PHONE: _____ NEW RIDER SSN: _____

RACE(S) ENTERED: _____

INCENTIVE(S) ENTERED, IF APPLICABLE, _____

HORSE CHANGE FEE (\$10): _____

RIDER CHANGE FEE (\$25): _____

BILLING INFORMATION	CREDIT CARD INFORMATION
NAME: _____	CC #: _____
ADDRESS: _____	EXP: _____ CVV CODE: _____
CITY, ST ZIP: _____	Card Holder Signature: _____

Indemnification and Release Personal Injury: By signing this document I hereby agree to hold harmless Elite Barrel Racing and the Extraco Events Center, its agents, management, contractors, and employees from any expense, cause of action, damage, or claim of damage, including legal fees of any kind, which I might assert as a result of my (or my child's) injury, death or claim by participating or driving to or from this event. I further certify that I have available a current NEGATIVE EIA TEST CHART on each animal I have on the event grounds. I understand that if State and Local Authorities require presentation of said test chart at this event and I cannot present a NEGATIVE EIA TEST CHART per anyone (1) animal, I will be responsible for any fines personally, and will be responsible for reimbursement of any fines to the event producer. YOUR SIGNATURE CONSTITUTES A RELEASE OF LIABILITY (If Minor, Parent or Guardian).

SIGNATURE: _____ DATE: _____

IF MINOR, PARENT/GUARDIAN: _____

FOR OFFICE USE ONLY

CASH _____

CC _____