

2017 WRC Ole' Timer's Show Entry Form

Back Number _____

Date of Show **September 15th**

Name of Rider

Rider Age 1/1/17

Name of Horse

Member

Phone

Last Name

First Name

Required

Yes

No

Address

City/Town

State/Zip

eMail

Indicate division(s) for points.

Division Choose one

- Walk/Trot (19 and older) 3, 6, 9, 12, 15, 18, 21, 24, 27
- Youngins (age 19-34) 2, 5, 8, 11, 14, 17, 20, 23, 26
- Ole' Timers (age 35 and Up) 1, 4, 7, 10, 13, 16, 19, 22, 25

Class Numbers Entered

For Office Use

Place

Points

Flat Entry Fee (Pre-registration by 9/7/17)

\$30 _____

Flat Entry Fee Day of Show

\$35 _____

Grounds Fee (WRC Members Exempt - Proof of Membership Required)

\$5 _____

Please make all checks payable to Williamsport Riding Club

Total _____

**** All Returned Checks will be charged an additional fee per Return ****

Note: Family members may be grouped and paid with one check. Trainer or farm checks will not be accepted for students.

Williamsport Riding Club Attn: Members Only DP Charity Show

2012 Poco Farm Road, Williamsport, PA 17701

Office Use Only _____ Initials

Paid CASH _____ CHECK _____ # _____

____/____/____ Date of Rabies Vacc

____/____/____ Date of Neg. Coggins

I understand that neither the Williamsport Riding Club, its officers, board of directors, judges, or organizing committee accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, trainers, spectators or any other person or property in connection with this competition. I hereby expressly agree for myself and my principals, representatives, employees and agents: (1) to be bound by the local rules of this competition; (2) that every horse and rider is eligible as entered; and (3) and to accept as final any decision the competition officials on any question arising under the competition rules, and agree to hold the WRC, its officers, board of directors, show committee, and competition judges, harmless for any action taken. I am fully aware that horse sports, and this competition involve inherent dangerous risk of serious injury or death and by participating I do so voluntarily and expressly assume any and all risks of injury or loss, and I agree to release the WRC, its officers, directors, show committee and competition judges, from and against all claims including any injury or loss suffered during or in conjunction with the Competition. I agree to indemnify and hold harmless the WRC its officers, directors, competition judges, from any and all claims for loss or injury caused by me or my horse that occur during or in conjunction with this competition.

Name _____

Print name

Signature _____

Signature of Parent/Guardian if Minor is registering

Date _____