

Please PRINT Last Name _____ Show Date _____ Entry Number _____

KSC GYMKHANA ENTRY FORM

(Please print legibly)

Rider / Handler _____ Age as of Dec 1, 2019 _____

Horses Name _____ Rider Birth date _____

Address _____

City _____ Zip _____

Phone _____ Emergency contact # _____

2020 Show Dates
 July 18
 August 2
 Sept 13

PLEASE CIRCLE DIVISION:

Lead-line (6&under) **Walk/trot (Open 6+)** **Buckaroo (6-10)** **Junior (11-13)** **Intermediate (14-17)** **Senior (18-35)** **SuperSenior (36+)** **Time Only (not eligible for high point) (Open 6+)**

PLEASE CIRCLE CLASS #: 1 2 3 4 5 6 7 8

CLASSES will be posted at the Show Booth the morning of the event. You may choose any or all of the events.

Member -----per class \$ 5.00 x _____ = \$ _____
 Member -----ALL DAY \$30.00 = \$ _____
 Non - Member -----per class \$ 7.00 x _____ = \$ _____
 Non - Member -----ALL DAY \$45.00 = \$ _____
 TIME ONLY -----per class \$ 4.00 x _____ = \$ _____
 Non-Member Haul-in Fee (*Not Showing, per horse*) ----- \$15.00 = \$ _____
 Stall Rental ----- \$20.00 = \$ _____
Office Fee -----ONE HORSE/ONE RIDER----- = **\$5.00**

CASH/CHECK # _____
 Amount \$ _____
 Rec'd by _____

TOTAL \$ _____

RELEASE, ASSUMPTION of RISK, WAIVER and INDEMNITY --This document waives important legal rights. READ IT CAREFULLY BEFORE SIGNING.

I AGREE in consideration for my participation in this Competition at the Kitsap Saddle Club to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE to release KSC and the Competition from all claims for money damages or otherwise for any harm to me or my horse and for any Harm caused by me or my horse, to others, even if the Harm resulted, directly or indirectly, from the negligence of the Facility or the Competition.

I AGREE to expressly assume all risks of Harm to me, or my horse, including Harm resulting from the negligence of KSC or the Competition.

I AGREE to indemnify (that is to pay losses, damages, or costs incurred by) KSC and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition.

I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that KSC and the Competition strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf.

I AGREE that KSC and "the Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers, and affiliated organizations. The construction or application of KSC is governed by the laws of the State of Washington RCW 4.4.

BY SIGNING BELOW, I AGREE to be bound by all applicable KSC Rules and all terms and provisions of this entry blank.

I have read this agreement before signing it and agree to abide by the rules and regulations of the show.

You cannot ride on grounds unless you sign this release.

RIDER/DRIVER/HANDLER SIGNATURE (mandatory) _____ **Printed name** _____

OWNER/AGENT SIGNATURE (mandatory) _____ **Printed name** _____
 Phone Number _____

PARENT/GUARDIAN SIGNATURE (required if rider/driver/handler is a minor) _____
Printed name _____ Phone Number _____ Date _____