

Office Use Only

Last Name: _____

Date: _____

Rider # _____

KITSAP SADDLE CLUB

75th Anniversary Obstacle Challenge

August _____, 2019

Rider Name: _____

Horse Name: _____

Address: _____

City: _____

State / Zip: _____

Telephone: (_____) _____

Email: _____

Emergency #: (_____) _____

Age of Rider: _____ Age of Horse: _____ (As of Dec. 1, 2018)

Daily Awards with ribbons to 6th place

Must Ride Both Days for High Point ()

***** Pick one Division*****

Division Main Arena	Member per day	Non-Member per day	
In - Hand	\$25	\$30	
Junior (12 & under)	\$25	\$30	
Intermediate (13-18)	\$25	\$30	
Senior (19 & over)	\$25	\$30	
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Office fee	\$3	\$5	
Open Course / Sunday only (after competitive rides)	\$10	\$10	
		Total	

Cowboy Supper included with entry! Additional Dinners:

\$10 adult: _____ / \$5 for 12 and under: _____ \$ _____

Stalls: _____ \$20 per night \$ _____

Grand Total \$ _____

*****Make Checks payable to Kitsap Saddle Club*****

Mail pre-entries to

**Dawn Fischer
3316 136th St NW
Gig Harbor, WA 98332**

RELEASE, ASSUMPTION of RISK, WAIVER and INDEMNIFICATION This document waives important legal rights. FAILURE TO SIGN THIS ENTRY WILL CONSTITUTE A FINE OF \$50.00.

I AGREE in consideration for my participation in this Competition [insert name] 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 Washington State Horsemen 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 Washington State Horsemen or the Competition.

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

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) Washington State Horsemen 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 have read the Washington State Horsemen Rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that Washington State Horsemen strongly encourages me to do so while WARNING that protective equipment cannot 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 Washington State Horsemen and “Competition” as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers, and affiliated organizations. The construction or application of WSH rules is governed by the laws of the State of Washington (RCW 4.4).

Rider/Driver/Handler (mandatory)

Signature _____

Print Name _____

Parent/Guardian (required if rider/driver/handler is a minor)

Signature _____

Print Name _____

Owner/Agent (mandatory)

Signature _____

Print Name _____