

Nomination Fee for Playday In Athol 31782 Caravelle Rd Athol Id 83801 208-597-4731

Name:		Cell:			
Address:					
Phone #:	ne #:		Date of Birth:		
E-mail address:		Referred E	Зу:		
Please check if you pla	onals:		which ago a	(a)	
Please write name of h	iorse(s) being nomi	nated and/or v	wnich age g	roup(s)	
Age Group #1:	Age	Age Group #2:			
Date paid:	Amount	Cash:	Check: _	_	
I hereby, make application responsibility to PDIA for by all rules regulations of does or may cause my re expenses of self and mou	injury sustained while PDIA, and hereby und moval from PDIA. I wi	I am a rider, an derstand that ar	d hereby, ag ny infraction o	ree to abide of said rules	
Signed:		Dated:			
WAIVER OF LIABI Release of Liability: I, Arena, Dalton and/or any ot I/We waive all claims for da said event. Nor will I/we hol any claim that may arise due which accidents can occur a	her PDIA Hosted Events mage or loss incurred to d any officers, members e to participation. I/We nd I/We enter at our ov	in consi , for them granti o myself and <i>or</i> fa s or volunteers po understand this i vn risk.	deration of the ng me permiss amily member ersonally respo s a dangerous	sion to ride. caused by onsible for sport in	
Signed:		This	day of		
Parents or legal guardian refee is \$25.00 Nomination Fees are a or for awards at the end of excompete at the Idaho State Survivor class nomination disability.	ne-time annually fee, ach series (buckle, su e O-Mok-see and Nat	mmer), also ma ional O-Mok-se	akes rider elig e under PDI <i>F</i>	ible to	
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