

Williamsport Riding Club
2017 Ride - A - Thon Weekend
Registration Form



Obstacle Trail Clinic Clinician: Carolyn Mosher

Saturday, September 16th

Clinic check in: Starting 8 am

Clinic: 9 a.m. – 12:30 p.m.

Name: _____ Horses Name _____

Phone Number: _____ Email: _____

Address _____

Brief description of horse and riders ability _____

Horse health requirements: All horses must have a current negative Coggins test and Proof of Rabies vaccination to be on the grounds. Please submit a copy with your registration. **Date of Coggins** _____ **Rabies** _____
Payment must be submitted and postmarked by September 7th, a waiting list will be created after 12 riders.

Obstacle Clinic _____\$120 Camping _____\$25 hook ups limited (Friday to Saturday)

Judged Obstacle Trail Challenge - Open class has Cash prizes!

Saturday, September 16th

Trail Challenge Check in: Noon

Competition: 1:00 p.m. – 2:30 p.m.

Obstacle Trail Competition _____\$50 Open _____\$15 youth _____\$25 Novice

Waiver: 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.

Print Name _____ Signature _____ Date _____

_____ Total Collected Chairperson: Amy Rankinen amy.rankinen@gmail.com or 570-660-5085

Office Use Only Payment Type Cash\$_____ Check#_____ Initials _____

Please mail registration form and check made out to WRC

Williamsport Riding Club Ride-A-Thon

All returned checks will be charged a \$30 fee.

2012 Poco Farm Road,

Williamsport, PA 17701

Rider Number _____ Ride Time _____