

PLEASE PRINT LAST NAME _____

WSH Back/ Entry

Number _____

Pre-entries close July 6, 2020

Make checks payable to KSC

MAIL TO: Tammy Call-Jones
2363 Mt View Rd E
PORT ORCHARD, WA 98366
Phone: (360)710-3049

HIGH POINTS (Check All That Apply)	
<input type="checkbox"/> Ranch Horse	<input type="checkbox"/> W/T 10 & under
<input type="checkbox"/> 18 & Over Equitation	<input type="checkbox"/> 18 & over Pl
<input type="checkbox"/> 17 & Under Equitation	<input type="checkbox"/> 17 & under Pl.
<input type="checkbox"/> W/T Jr <small>no cross to Canter</small>	<input type="checkbox"/> W/T Sr Am <small>no cross to Canter</small>

I am competing for _____ Zone Year-end Awards

Owners WSH # _____ Rider's WSH # _____ Rider's Amateur # _____

ENTRIES CLOSE 7:45 AM (Sat/Sun) FOR FIRST THREE CLASSES OF THE DAY

COPIES OF ALL REGISTRATION PAPERS MUST ACCOMPANY ENTRIES

Name of Horse _____ Registration Number(s) _____

Breed(s) _____ Sex _____ Year foaled _____ Height _____ Color _____

Photo Copies of all registration papers must be presented at entry booth

Owner _____ Phone _____

Address _____ City _____ State _____ Zip _____

Rider _____ Age _____ Birth Date _____ Phone _____

Address _____ City _____ State _____ Zip _____

SATURDAY Circle Classes Entered

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60

SUNDAY

			61	62	63	64	65	66	67	68	69	70	71
72	73	74	75	76	77	78	79	80	81	82	83	84	85
86	87	88	89	90	91	92	93	94	95	96	97	98	99
100	101	102	103	104	105	106							

Declaration of breed for

All Breed Eng Pleasure

All Breed Halter class

Championship Halter

All Breed West Pleasure

NON WSH FEE Weekend	\$6	_____
Amateur Card non WSH member	\$15	_____
Amateur Card WSH Member	\$12	_____
Pre entry classes _____ x	\$15	_____
Post entry classes _____ x	\$17	_____
Office fee <small>per horse/rider combo</small> _____ x	\$10	_____
Stall fee per day	\$20	_____
Stall fee for entire show <small>Fri-Sun</small>	\$30	_____
Additional bags of shavings _____ x	\$7	_____

GRAND TOTAL \$

Amount paid _____
Cash _____ Ck# _____
Rec by _____ Date _____

Amount paid _____
Cash _____ Ck# _____
Rec by _____ Date _____

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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: Kitsap Saddle Club "B" System OpenShow 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).

Signature _____ Print Name _____
Rider/Driver/Handler (mandatory)

Signature _____ Parent/Guardian Print Name _____
Parent/Guardian (mandatory if rider/driver/handler is a minor)

Signature _____ Print Name _____
Owner/Agent (mandatory)

- **Sorry no faxed, phoned or e-mailed entries accepted.**
- An Office fee \$10.00 is assessed for each Horse/Rider combination.
- An Office fee of \$15.00 will be charged for horses entered and not shown in at least 1 class.
- **Refunds will only be given for cancelled classes, sick or injured horse or rider. Not for un-ridden /missed classes. Classes entered at the gate will be charged at POST entry fees.**
- A fee of \$35.00 will be charged for all returned and NSF checks plus all other fees that are charged by the bank. All points for all approvals will be held until check is reconciled.
- Protective headgear rules applies whenever ***ALL*** riders are aboard their mount under ***Hunter tack & attire regardless of age AND ALL LEADLINE RIDERS.*** It is strongly recommended but, optional under Western and Saddle Seat attire.

- **To be Eligible to win High Points: Categories MUST be checked by Exhibitor on their entry form. Also there MUST be at least 3 competing for ANY High Point to be awarded. You MUST ride in at least 3 qualifying classes to win.**