

2016 WRC Multiple Sclerosis Benefit Show

Back Number (Members Only) _____

Date of Show **October 22nd**

Pre and post-entry

Draw Number (Office Will Assign) _____

Name of Rider		Rider Age 1/1/16	Name of Horse	Member		Phone
Last Name	First Name			Yes	No	
Address		City/Town	State/Zip	eMail		

Divisions	Mail Pre-Entries to:	Postmarked by 10/12
<input type="checkbox"/> W/T Gymkhana - Classes - 1, 2, 3, 4, 5 <input type="checkbox"/> Youth Gymkhana - Classes - 6, 8, 10, 12, 14, 16 <input type="checkbox"/> Adult Gymkhana - Classes - 7, 9, 11, 13, 15, 17	Williamsport Riding Club Attn: MS Benefit Show 2012 Poco Farm Road Williamsport, PA 17701	

Class Numbers Entered																			
For Office Use	Place																		
	Points																		

Exhibition _____ x \$5 = \$ _____

Ride for the Day Fee \$30

Please make all checks payable to Williamsport Riding Club Total \$ _____

Office Use Only

Paid CASH _____ CHECK _____ # _____

____/____/____ Date of Rabies Vacc

____ Intitials ____/____/____ Date of Neg. Coggins

A current negative Coggins test and proof of rabies vaccination is required at registration.

** All Returned Checks will be charged a \$30 fee per Return **

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.

Name _____ Signature _____ Date _____

Print name Signature of Parent/Guardian if Minor is registering