



HIGH COUNTRY WORKING EQUITATION

Schooling show May 19th 2024

Hosted by:

Skylane Equestrian 3842 County Rd 21 Ft. Lupton, CO 80621

Judge/Clinician: <u>Leslie Martien</u>	Show Manager: <u>TBD</u>
Technical Delegate: <u>N/A</u>	Show Scribe: <u>TBD</u>

PLEASE TYPE OR CLEARLY PRINT. ONLY ONE HORSE PER ENTRY FORM. **ENTRIES DUE BY 5/15/24 9PM**
All entries must be complete and contain the correct fees and payments.

Rider Name		HCWE Member	<input type="checkbox"/> YES <input type="checkbox"/> NO
Rider DOB if under 18		Horse Breed	
Phone		Horse DOB	
Address		Sex (M,G,S)	
Email		Color	
Emergency Contact	Name: Phone:	Owner Name Owner Cell #	
USAWE member # (if applicable)		Horse Name USAWE Horse # (if applicable)	

Participant Level 3-Phase Show:

- | | |
|--|---|
| <input type="checkbox"/> Youth/ Leadline | <input type="checkbox"/> Leadline - 7yrs or younger |
| <input type="checkbox"/> Adult Amateur | <input type="checkbox"/> Intro: Dressage & EOH |
| <input type="checkbox"/> Open Class | <input type="checkbox"/> Novice A: Dressage, EOH, Speed |
| | <input type="checkbox"/> Novice B: Dressage, EOH, Speed |
| | <input type="checkbox"/> Intermediate A: Dressage, EOH, Speed |
| | <input type="checkbox"/> Intermediate B: Dressage, EOH, Speed |

Show Fees: Leadline: \$25 Youth: \$50 Adult Member L1: \$75
 Adult Member L2+: \$100 Non-Member: \$25 Late Fee: \$25

Total Fees:

Ribbons awarded to Third Place

Send Payment via Zelle or Paypal: hcweinfo@gmail.com (please add an extra \$1 for every \$25 sent via PayPal)

or Checks Payable to HCWE POB 177, Firestone, CO 80520

Email entry form to hcweinfo@gmail.com Show limit of 20

Your spot will be held when payment is received. Entries received after 5/15/24 will add a \$25 late fee

Contact Brandi Baldwin at 303.359.3102 with questions or email at rowdyranchboarding@gmail.com



RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
READ BEFORE SIGNING

PARTICIPANT'S NAME _____ AGE _____
(Please Print)

Name of Parent or Guardian (if participant is a minor) _____

IN CONSIDERATION of being permitted to participate among and on horses under the auspices of SKYLANE EQUESTRIAN LLC and ERIN GILBERT, **on my behalf and on behalf of the participant named above** (*we will collectively call ourselves "I" in this release*), **I acknowledge, appreciate, and agree that:**

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis or death. This risk includes, but is not limited to, my being in the presence of, mounted on, and/or leading horses and includes but is not limited to property damage, injury, or death resulting from the dangers or conditions that are an inherent risk of equine activity.
- 2) By signing this RELEASE OF LIABILITY, I UNDERSTAND AND KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS. I assume full responsibility for my participation. I understand that there may be other risks, as well, and I agree to assume them; I am not relying on SKYLANE EQUESTRIAN and ERIN GILBERT to list all possible risks for me.
- 3) I will comply with all rules and regulations of Skylane Equestrian and the facility in use. If I have any question, or observe any unusual or unnecessary hazard during my participation, I will immediately notify the nearest instructor, director, or manager of the facility where the event occurred and Skylane Equestrian.
- 4) I feel that the possible benefits to myself/my son/my daughter/my ward of participation in equine activities or being around horses or on Skylane Equestrian llc are greater than the risk assumed. I hereby, intending to be legally bound, for myself on behalf of my heirs and assigns, personal representatives, and next of kin, waive and release forever all claims of damages against Skylane Equestrian llc and its Owners, Instructors, Veterinarians, Employees, Agents, Volunteers, and any affiliated persons for any and all injuries and/or losses I / my son / my daughter / my ward may sustain while participating in Skylane Equestrian horsemanship programs, instruction or related activities.

UNDER COLORADO STATE LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

This release shall be valid starting from date executed for as long as I participate in any activities associated with Skylane Equestrian llc. If participant is a minor, Parent or Guardian



executes this agreement on behalf of himself/herself as well as the minor child or legal ward.
(Minors will be required to complete a new form at age 18 or upon change of guardianship.)

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR COERCION BY ANYONE.

X _____ Age _____ Date _____
Client /Parent or Guardian of Minor

Received by _____ Date _____

CONTACT/PERSONAL INFO:

Address: _____ City/State: _____

Zip: _____ Phone: _____ DOB: _____

E-Mail: _____

Emergency Contact #1:

Name: _____ Phone(s): _____

Relation: _____

Emergency Contact #2:

Name: _____ Phone(s): _____

Relation: _____

Allergies/Pertinent Medical Info:
