



HIGH COUNTRY WORKING EQUITATION

Schooling show September 15, 2024

Hosted by:

Circle Star Arena 6191 Co Rd 17, Platteville, CO, 80651



Judge/Clinician Leslie Martien	Show Manager: <u>Janie Brueckner</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 9/8/24 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 #	
USAWA member # (if applicable)		Horse Name USAWA 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 hcweinfo@gmail.com

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These shows are meant to be a learning experience in a relaxed environment. Please join us!

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

By my signature below, I, the participant, acknowledge that I have voluntarily applied to participate in the following equine activities, which activities are produced and/or sponsored by **Kitty McLaughlin**.

In consideration of the Event Sponsors allowing me to participate in the Activities, I agree as follows:

1. **Assumption of Risks.** I acknowledge that there are numerous inherent risks associated with equine activities, including but not limited to: (a) the propensity of equines to behave in such ways as to result in injury or death to persons on or around them; (b) the unpredictability of an equine's reaction to such things as sounds, sudden movements, unfamiliar objects, persons or other animals; (c) collisions with other animals; and (d) the potential of participants to act in a negligent manner that may contribute to injury to the participant or others. With full knowledge and appreciation of these and other inherent risks associated with the Activities, I freely and voluntarily assume such risks.
2. **Waiver and Release of Liability.** Understanding and assuming the risks of the Activities, I hereby waive any and all rights to sue and hereby release the Event Sponsors and their respective directors, officers, members, employees, volunteers, agents, contractors and representatives (collectively, the "Releases") from any and all liability, loss, claims or actions that I, my assignees, heirs, or legal representatives may have for property damage, injury or death (including to my horse) resulting from the Activities. This waiver and release is effective even if the property damage, injury or death is caused by, or contributed to by, actions or failure to act of the Releases that constitute ordinary negligence or a violation of any applicable law pertaining to equine activity liabilities.
3. **Permission to Summon Medical Assistance.** If I am injured during the course of participating in the Activities and am unable to verbally communicate, I hereby grant permission to the Event Sponsors to summon medical assistance for me if they deem it necessary in their sole discretion. I further agree to be financially responsible for payment of all costs resulting from the rendering of medical aid and/or ambulance services in the event of an injury, accident, illness to me while participating in any activities associated with the Western Dressage Event.
4. **Indemnification.** I also agree to indemnify and hold harmless the WDACO, and their respective clinicians, officers, directors, managers, members, employees, agents, assistances, representatives, assigns, and others acting on their behalf against all liability, claim, loss, action or expenses which are sustained, suffered, or incurred by any third person(s) that I may cause (directly or indirectly) while engaged in any or all of the Activities at any time and at any location in connection with my attendance or participation in the clinic or instruction activity with Clinician. ["Third persons" are any and all people who are not parties to this Agreement and includes, but is not limited to, my relatives, guest or other clinic participants, spectators or visitors, etc.]. The indemnification shall include reimbursement of Clinician's reasonable attorney fees.
5. **Intent.** This document is intended to be as broad and inclusive as applicable state law permits. If any clause conflicts with applicable law, only that clause will be void but the remainder shall stay in full force and effect.
6. **I**, for myself and/or on behalf of my child or legal ward, have been fully warned and advised by the WDACO, and their clinicians, hereinafter referred to as clinician, that I should purchase and wear property fitted and secured ASTM-standard/SEI-certified protective headgear (helmet and strap) that is designed for use by equestrians when riding or near horses and ponies in order to reduce the severity of some head injuries and possibly prevent death from happening as the result of a fall or other occurrences. I am not relying on the clinician or anyone affiliated with the clinician to provide a certified equestrian helmet or headgear for me, to check any helmet or strap that I may wear, or to monitor my compliance with this suggestion at any time - now

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or in the future. Children under the age of 18 must wear a helmet. If I choose to wear an ASTM-standard/SEI certified helmet and headgear, or if I choose not to, this is my decision alone.

Under Colorado Law, an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-120, Colorado Revised Statutes.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND I AGREE TO BE FULLY BOUND BY ITS TERMS. I UNDERSTAND THAT THIS IS A RELEASE OF CLAIMS AND THAT I AM ASSUMING RISKS INHERENT TO MY PARTICIPATION

If the Participant is under 18 years of age, the Participant's parent or guardian must read and sign below, indicating his or her acceptance:

The undersigned declares that he or she is the parent or legal guardian of the Participant and is over 21 years of age. The undersigned has read this Assumption of Risk, Waiver and Release of Liability, and hereby agrees that all of the terms and conditions contained herein shall be binding upon both the undersigned and the Participant.

Date	
Name of Participant	
Age (if under 18 years old)	
Name of Parent/Legal Guardian (if under 18 years old)	
Phone Number of Parent/Legal Guardian (if under 18 years old)	
Phone Number	
Email Address	
Emergency Contact Name	
Emergency Contact Phone Number	
Relationship to Participant	
Signature of Participant	
Signature of Parent/Legal Guardian	

****Complete one form per participant****