

Exhibitor Number



Horse's Registered Name:

First Breed: _____

2nd Breed (if any): _____

All Other Breed (must designate): _____

Registration #: _____

Sex: _____ Color: _____

Age: _____ Height: _____

You must attach copies of Horse Registration if entering Breed Classes. Include copies of horse's registration papers, front and back. To enter classes for Amateurs, WSH Amateur Cards, or USEF Breed Amateur Card certification is required or you must apply prior to the class. WSH Fees: Non-Awards participant \$12; WSH High Score Award Program (2 minimum) Free. See show steward to sign up.

Rider's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Rider's Show Age: _____ High Point Age: _____

Zone: _____ WSH#: _____ Am #: _____

Owner's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ WSH#: _____

E-mail: _____

Trainers's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Please Stable with: _____

Mail:

Arleigh Hess, 16136 Vancil Loop SE, Yelm, WA 98597

Questions? (253) 208-8319 or cuteloper@aol.com

*Please complete a separate form for each horse.

**Please complete both sides of form.

Class Number

Pre-entry @ \$15 per class (closes 9/6/19)		
Post-entry @ \$20 per class		
One time Office Fee		\$5.00
WSH Non-Member Fee \$6		
Day Stall (NO OVERNIGHT) \$55	Fri	Sat
Weekend Stall \$100		
Tack Stall \$75		

OFFICE USE ONLY - TOTAL

Check# _____ Paid

Check# _____ Paid

Check# _____ Paid

BALANCE

I would like to volunteer on:

- Friday Saturday Sunday to
- ring steward awards office gate runner
- in the AM or PM. *Thank you for your assistance!*

THIS RELEASE FORM MUST BE SIGNED

LOSS AND INJURY: The Classic, Lope on In, Evergreen State Fairgrounds, WSH, members of the Show Committee, and their Associates and/or sponsors will not be responsible for any loss or damage or injury to horses exhibited, or for any article of any kind that may be lost or destroyed, or in any way injured. Each exhibitor will be responsible for any injury that may be occasioned to person, whomsoever, by any horses owned or exhibited by him and shall indemnify the Jerry Prigge Memorial Finals Show, its' members, members of the Show Committee, and their Associates against all claims and demands of any kind or nature that may grow out of injury occasioned by an horses owned or exhibited by him, or arise from the negligence of person in charge of any such horse. The owner, rider and any of their agents or representatives acknowledge that they participated voluntarily in the competition fully aware that horse sport and the competition involve inherent dangerous risk, and by participating they expressly assume any and all risks of injury or loss, and they agree to hold the competition and its officials, directors, employees and agents harmless for any injury or loss suffered during or in connection with the competition, whether or not such injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, directors, employees or agents. All horses exhibited will be entirely at the owner's risk. Submitting entry shall constitute acceptance by the owner and exhibitor of all provisions as set forth herein. The above-mentioned entities, as well as members of the Show Committee and their Associates cannot be held liable for loss or injury to the person or property of any visitor, guest or spectator.

I AGREE in consideration for my participation in this Competition 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, their sponsors from all claims for money damages or otherwise for nay Harm to me or my horse and for any Harm caused by me or my horse to others, even if the 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 my horse, or me 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 my horse, or me 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 guarding 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 Horseman and "Competition" as used above includes all of their officials, officers, director's employees, agents, personnel, volunteers, sponsors and affiliated organizations. The laws of the State of Washington govern the Construction or application of WSH rules. (RCW 4.4)

Rider/Driver/Handler (mandatory)

Signature _____

Print Name: _____

Parent/Guardian Signature: _____

Required if rider/driver/handler is a Minor

Print Parent/Guardian Name: _____

Owner/Agent (mandatory)

Signature: _____

Print Name: _____