

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, USEF Amateur Cards, Appaloosa Non Pro, AQHA Amateur or Paint Non Pro Cards, certification is required or you must apply prior to the class. WSH Fees: Non-Member \$15; Member 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:**

Lisa Gardner • 34214 56th Ave. So. • Roy, WA 98580  
 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 9/12)	
Post-entry @ \$20 per class	
4H, Pony Club, & WAHSET \$12 per class	
Pre-entry Futurity \$30 (closes 9/15)	
Post-entry Futurity \$50	
Team Contest \$15	
<i>(Each Team Member must sign up Team Number)</i>	

One time Office Fee	\$5.00
WSH Non-Member Fee \$6	
RV/Camping \$20 per night Thu-Fri-Sat	
Day Stall (No Overnight) \$30	
Weekend Stall \$65	
Extra Shavings \$9 per bag	

**OFFICE USE ONLY - TOTAL**

Check# _____ Paid	
Check# _____ Paid	
Check# _____ Paid	
<b>BALANCE</b>	

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, Tacoma Unit Number One, 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: \_\_\_\_\_