Entry for 2019 Adult Rider Camp Closing Date April 1st.

|  |  |  |
| --- | --- | --- |
| **Name:** | | |
| **Phone Number:** | | |
| **Address:** | | |
| **Email Address:** | | |
| **Rider Level:** | **Max Jump:** | **Highest Level Completed:** |
|  |  |  |
| **Horse Name:** | **Current Level:** | **Highest Level Completed:** |
|  |  |  |
| **Second Horse Name:** | **Current Level:** | **Highest Level Completed:** |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Packages and Extra Horses:** | | Price | | Quantity | | Total | |
| 2019 Adult Rider Camp | | $485 | |  | | $ | |
| Extra horse (must be for same rider) Full camp | | $400 | |  | | $ | |
| Stall Cleaning Deposit ($25 separate check-to SSHF)) | | $25 | |  | | $ | |
| Extra horse - a la carte only (stabling and grounds fee)\* | | $100 | |  | | $ | |
| Non-AR Member | | $45 | |  | | $ | |
| RV hook up $25-seperate check to SSHF) a night | | | | | | $ | |
| **A La Carte Options (full participants only):** | | Price | | Quantity | | Total | |
| Extra Friday Night Dinner | | $15 | |  | | $ | |
| Extra Sat Night Dinner | | $20 | |  | | $ | |
| A la carte dressage with Jen (limited) | | $85 | |  | | $ | |
| A la carte dressage -any instructor | | $60 | |  | | $ | |
| A la carte show jumping | | $50 | |  | | $ | |
| A la carte cross country lesson | | $65 | |  | | $ | |
| Total for All | | | | | | $ | |

|  |
| --- |
| **Participation in Camp Selection (Please select at least one option from the below)** |
| * Get a donation for the 40 gift baskets before camp * Set-up and move jumps during the day * Be a runner to coaches, delivering messages and snacks * Assist in stabling and getting people checked in * Help wherever it is needed |

**Entries must include full payment. Cancellation:** Before April1st, full refund less $25 office fee. After April 1st Less $50 if your spot can be filled from the waitlist. Checks cashed April 5th.

Mail all to -Maggie Rikard, 41902 218th Ave SE, Enumclaw. WA 98022 Checks to Adult Riders unless noted otherwise.

**Please note any special requirements below (I will do my best and bribes are encouraged ;) )**

**If you would prefer to substitute any of your lessons for a dressage lesson please note below also.**

**\*Extra horses - this will be subject to stabling availability .**

**SPOKANE SPORT HORSE FARM LLC, 10710 S SHERMAN ROAD, SPOKANE, WA. 99224 | 509-999-6611** [www.spokanesporthorse.com](http://www.spokanesporthorse.com)

HOLD HARMLESS AGREEMENT, WAIVER AND RELEASE, COVENANT NOT TO SUE

**NOTE:** everyone (legal guardian for those under age 18) who wishes to use the facilities at SSHF must sign this document. Please read and

initial each paragraph as you approve it.

**For myself individually, for each minor child I am legal guardian of, for our heirs and personal representatives, I (we) make the following**

**statements and legally binding promises:**

1.\_\_\_\_\_\_\_I am aware of and fully understand that all horses are unpredictable and potentially dangerous. I assume these risks and waive any

present or future right to make any claim against SSHF (owners, employees, insurers, heirs or successors in interest will be known hereafter as

SSHF) for accidents, injury, loss, damage or death. I release SSHF from all claims, demands, actions or injuries that may arise from my (or my

children’s) presence. This release also covers property damage or loss, whether by fire, theft, disappearance, injury or any other cause.

2.\_\_\_\_\_\_\_I have inspected the premises at SSHF and will continue to familiarize myself with any hazards of physical features. I assume responsibility

for inspection of my own tack prior to riding. I understand that riding can be a dangerous sport. I am aware that injuries to horse/rider may

occur and assume that risk.

3.\_\_\_\_\_\_I understand that proper riding attire can help reduce but not eliminate risks of riding. I understand that professional instruction can help

reduce risks, but not eliminate them while handling or riding horses. I understand that riding surfaces can be unsafe due to weather and other

conditions, and expressly assume that risk by my presence under these conditions.

4.\_\_\_\_\_\_I understand that SSHF does not carry any insurance on horse, tack, trailers or any other equipment not owned by it, and that all risks

connected with boarding, riding and the presence of personal property on the premises are borne by the boarder and/or owner of that

property. I understand that while my horse is in the custody of SSHF, that SSHF, its owners, instructors, nor employees shall be liable for

sickness, disease, theft, death, or injury to the horse. I assume these risks.

5.\_\_\_\_\_\_SSHF has my permission to initiate emergency medical first aid treatment for myself, children or animals in case of accident. SSHF has my

permission to authorize emergency medical or veterinary treatment by professionals unless otherwise agreed upon. This assistance will be at

my cost.

6.\_\_\_\_\_\_I promise not to sue SSHF nor bring any counterclaim or third-party claim against SSHF. I understand that if I change my mind and sue, the

court may be asked to dismiss the lawsuit because of this signed release and promise. If I break this promise, I authorize the court to award

SSHF all of its legal fees and expenses in defending this claim. I promise to defend and hold harmless SSHF from any demand, claim or suit by

anyone arising from my presence or my child’s or horse’s presence or participation.

7.\_\_\_\_\_\_ I understand that horses often injure themselves or other horses and that unexplained cuts, bruises, scratches and lameness can occur. I

understand that horses may contract a disease or illness. I understand that serious injury or death of my horse may occur on the premises of

SSHF. I assume these risks.

**WARNING:** Under Washington law, an equine activity sponsor or equine professional is not liable for injury or death of a participant in equine

activities resulting from the inherent risks of equine activities. Revised Code of Washington 4.24.540

I understand that I am giving up certain legal rights in this document. I have had the opportunity to seek advice in this regard, if I so wish,

before signing this document. I sign this document voluntarily, because I understand that this is an absolute requirement for myself (children

or guests) to use the facilities at SSHF. I have read and initialized each paragraph. Non-enforcement of any clause does not render other

clauses non-binding.

Signed this \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ at Spokane, Wa 99224

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Activity Schooling Show**: 2019 Adult Riders Camp **USEA Area**: Area VII

**Date(s) to be held**: May16-19 **Location**: Spokane Sport Horse Farm—Spokane,Wa.



**Release Form**

For USEA Educational Activities & Schooling Shows

I have applied to participate in this USEA sponsored educational activity. I agree that my participation is subject to the

Conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA, and, where applicable, the *u.s. Equestrian Federation Rules for Eventing.*

I agree to wear protective headgear when riding. When jumping, I agree to wear protective headgear passing or

Surpassing the ASTM/SEI standards with harness attached that meets standards currently imposed by the *u.s. Equestrian Rules for Eventing.* I understand that the USEA mandates that all riders participating in cross-country activity wear body-protecting vests that meet or exceed current USEF rules and the wearing of an approved medical armband.

I understand that the sport of eventing is a high risk sport, and that my participation in this educational activity may also involve participation in an "equine activity" as defined by applicable laws and is solely at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells, and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including failing or inability to maintain control over the animal. By participating in this activity I agree to assume responsibility for those risks, and I release and agree to hold harmless the activity organizer, organizing committee, officials, the USEA, USEF, their officers, agents, employees and the volunteers assisting in the conduct of this USEA educational activity and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

I understand and agree that the organizer of this USEA educational activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses, and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.

Participant's Name *{Please Print}: \_*

Address: . \_

City: State: ZIP: \_

Phone: Cell Phone: Emergency Contact phone: \_

Fax: Email: \_

Trainers Name (At this Event): Phone: . \_

Number of horses I will be riding during activity *(if applicable): \_*

Level now riding *(Check one if applicable):*

o Beginner Novice 0 Novice 0 Training Check appropriate box:

* I am a USEA member and my number is #: \_
* I am *not* a USEA member
* I am *not* a USEA member. I wish to join and enclose my membership form and dues.

o Preliminary

o Intermediate

o Advanced

o Check here if participant is under 18 years old.

SIGNATURE: Date: \_

*(If Participant is under* 18, *Release must be signed by Parent or legal guardian, not by trainer or instructor.)*