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# 2008 Lake Washington Saddle Club "Hunter" Fun Show Entry Form

(one form per horse/rider combination)

**Location:** Bridle Trails State Park, Kirkland, WA

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**Show Date (circle one) :** May 4th June 15th July 13th

**Are you a 2008 LWSC member?** Yes No **If so, did you join LWSC today?** Yes No

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**Rider's Name:** \_\_\_\_\_ **Age (as of Dec. 1, 2007):** \_\_\_\_\_

**Email** \_\_\_\_\_  Yes, I would like to be added to the LWSC email list

**Rider's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Horse's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Classes Entered:** \_\_\_\_\_

**Stall @ \$30 per horse** \_\_\_\_\_ **Total \$** \_\_\_\_\_

Make checks payable to LWSC. If you scratch for any reason before a class, you will be given a full refund. LWSC membership is \$30 for individuals and \$45 for families. Applications available at show office or on the LWSC website.

**Show starts at 9:00am. The main ring is open for schooling rounds at 8:00am. Show management reserves the right to combine or cancel classes with less than three entries. Open checks are accepted.**

Entries may be completed at the show office on the morning of the show or pre-entries and payment can be mailed to:  
Liz Hambleton, Show Manager, 25314 SE 31st, Sammamish, WA 98075, Tel: (425) 985 8284  
**LWSC Web Site:** <http://www.LakeWashingtonSaddleClub.org>

#### PERMISSION/LIABILITY RELEASE

I hereby release the Lake Washington Saddle Club, the show management, and all volunteers thereof, from all liability of any kind for loss, damage, or injury to horses, riders or agents or to any property that said owner, rider or agent may have on the grounds of Bridle Trails State Park during this show. The owner, rider or agent acknowledges that they participate voluntarily in the competition fully aware that horse sports and corresponding competition involves inherent dangerous risk, and by participating they expressly assume any and all risks of injury or loss, and they agree to hold the Lake Washington Saddle Club and their officials, directors, volunteers 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, volunteers, employees or agents of the Lake Washington Saddle Club.

By signing below I acknowledge that I have read and understand this statement and that I will adhere to the show rules.

Note: If rider/exhibitor is 17 or under, parent or guardian must sign below. Riders/exhibitors 17 and under must be accompanied by an adult.

Signed: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only

Entry Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Show Fees: \_\_\_\_\_  
Membership: \_\_\_\_\_ Warm-up: \_\_\_\_\_ Stall: \_\_\_\_\_