

2018 LWSC Hunter-Jumper Schooling Shows

 May 12-13

 Jun 2-3

 Aug 18-19

 Sep 22-23

ALL FIELDS REQUIRED:

HORSE				OWNER				TRAINER			
Name				Name				Name			
Address				Address				Address			
TIP #				City State ZIP				City State ZIP			
Color		Height		EMAIL				EMAIL			
Gender		DOB		PHONE				PHONE			
RIDER ONE				RIDER TWO				PRIZE MONEY PAYEE (only for September MiniPrix or Derby riders)			
Name				Name				Name			
Address				Address				Address			
City State ZIP				City State ZIP				City State ZIP		TAX ID (REQUIRED)	
EMAIL				EMAIL				EMAIL			
PHONE		DOB		PHONE		DOB		PHONE		PHONE	
RIDER ONE CLASSES (list one class number per box)				RIDER TWO CLASSES (list one class number per box)				MANDATORY FEES:			
								REQUIRED FOR EACH ENTRY (Office, Disposal, & Schooling) \$ 30.00			
								HORSE SHOW FEES:			
								STALL FEE - SATURDAY (Optional) \$35.00			
								STALL FEE - SUNDAY (Optional) \$35.00			
								TACK STALL FEE - SATURDAY (Space Available) \$35.00			
								TACK STALL FEE - SUNDAY (Space Available) \$35.00			
								STABLE WITH: _____			
								TRAINER SPLIT (if Applicable)			
								NON-MEMBER SHOW PASS FEE (if Applicable) 30.00			
								POST ENTRY FEE (Late Fee) \$5 per Class x _____ Classes			
								CLASS FEES:			
								CLASSES (Flat or Over Fence) \$20 ea x _____ Classes			
								MEDAL CLASSES \$25 ea x _____ Classes			
								MINI-PRIX or DERBY (SEPT ONLY) \$40 ea x _____ Classes			
								CREDIT CARD FEE (One Time Fee) 20.00			
								TOTAL SHOW BILL \$			
								PAYMENTS: <i>Cash Not Accepted</i>			
								MANDATORY NON-REFUNDABLE \$50 DEPOSIT < >			
								STALL FEES (NON-REFUNDABLE & PAID IN FULL) < >			
								BALANCE TRANSFER FROM:			
								BALANCE TRANSFER TO:			
								REMAINING BALANCE DUE \$			
								Name on CC		CC NUMBER	
								CC Signature		Exp	CCV
RIDER ONE/HANDLER		OWNER/AGENT		TRAINER							
Signature		Signature		Signature							
Print Name		Print Name		Print Name							
RIDER TWO/HANDLER		PARENT/GUARDIAN		COACH							
Signature		Signature		Signature							
Print Name		Print Name		Print Name							

MAILED ENTRIES & DEPOSITS ARE SENT TO:
 Barbara Baierle • 1604 - 33rd Ave Ct SW, Puyallup WA 98373 ***NEW ADDRESS 4/1/18***
 (425) 530-5544 • bbaierle2@gmail.com

LWSC MEMBER
 NON-MEMBER

PERMISSION/LIABILITY RELEASE
 I AGREE for myself, and/or my child, my/our administrators and assigns, in consideration for my, and/or my child's, participation in this Lake Washington Saddle Club (LWSC) activity to the following:
 I AGREE that I choose to participate voluntarily in an LWSC activity, as a rider, driver, handler, lessee, owner, agent, spectator, volunteer, and/or trainer. I am fully aware and acknowledge that horse sports and LWSC activities involve inherent dangerous risks of accident, loss, and serious bodily injury including, but not limited to, broken bones, head injuries, trauma, pain, suffering or death ("Harm"). I fully understand that this release covers, but is not limited to, inherent risks of an equine activity which mean a danger or condition that is an integral part of an equine activity.
 I AGREE to release the LWSC, its successors or assigns, officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations from all claims including, but not limited to, claims for money or property, disability, covenants, actions, suits, causes or action, obligations, debts, costs, expenses, attorneys' fees, judgments, orders and liabilities of whatsoever kind or nature in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether concealed or hidden, including but not limited to any state or federal statutory or common law claim or remedy of any kind whatsoever arising out of or in any way connected with any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the LWSC or the LWSC activity.
 I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the LWSC or the LWSC activity, and specifically agree to Washington State statute/law regarding equine activity liability. I AGREE to review and understand the full applicable state statutes.
 I AGREE that I have been fully warned and advised by LWSC that I should purchase and wear ASTM/SEI protective headgear while riding, being and working around horses. I do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some of the headgear wearer's head injuries and may even prevent the wearer's death from happening as the result of a fall from a horse or other occurrence. In addition, I AGREE to the following: **All riders, regardless of age, are required to wear helmets while mounted during LWSC events.**
 I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the LWSC and the LWSC activity and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse in the LWSC activity.
 I AGREE that neither I, nor any one claiming through me, will hereafter bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States or in any state thereof, or elsewhere, against the LWSC, its successors or assigns, for, on account of, arising out of, or in any way connected with any Harm to me or my horse, and that neither I, nor any one claiming through me, will enforce, prosecute, or recover upon, or attempt to enforce, prosecute, or recover upon, any claim or right of action whatsoever, which I, or any one claiming through me, may now have or hereafter assert, in any way connected with claims for Harm to me or my horse, and for claims made by others for any Harms caused by me or my horse at the LWSC activity.
 I AGREE to be bound by all applicable LWSC rules and all terms and provisions of the LWSC activity. I acknowledge that I enter into this release after having read the same, and place my signature hereto of my own free voluntary act and deed.
 By signing below, I represent to the LWSC that I fully understand its contents, that I do not need any further explanation, and I waive any further explanation.