

Horse Owner			Rider One				Trainer					
Owner Name	Rider Name			Trainer Name								
Address	Address			Farm/Business Name								
City	State	Zip	City	State	Zip	Address		City	State	Zip		
Phone	Optional USHJA #		Birthdays mm/dd/yy		Optional USHJA #				Cell Phone		Optional USHJA #	
Email	Email			Email				Email				
Rider Two			Riders/Divisions/Classes									
Rider Name	Rider Name			Rider One								
Address	Address			Address								
City	State	Zip	City	State	Zip	Rider Two						
Birthdays mm/dd/yy	Optional USHJA #		Optional USHJA #									
Phone	Phone			Phone								
Email	Email			Email								
<p>CROSS ENTRY is allowed between the Pacific Crest Open US Equestrian Regional I (B) show and the Pacific Outreach (USHJA Outreach) show. However, you may not enter the same division in both shows, i.e. the same horse and rider combination cannot compete in the Jumpers .75m division in both shows. If you choose to show in even one class in the Pacific Crest Open (Regional I) show, you must pay all the applicable US Equestrian, USHJA and applicable horse show fees for the Pacific Crest Open show.</p> <p>If you would like to participate in the OPTIONAL USHJA OUTREACH YEAR-END AWARDS PROGRAM, you must be a current USHJA member at the Outreach (\$35) or higher level. You may join at the show. The show secretary will forward your competition results to USHJA.</p>												
Horse			Horse									
Horse Name	Optional USHJA Recording #			Credit Card # - 3.5% convenience fee per transaction will be added for CC use.								
Horse Arrives Date	Horse Departs Date			Exp Date mm/yy				CCV #	Zip Code			
<p><b>USEF Entry Agreement, Release of Liability, Assumption of Risk, Waiver and Indemnification</b></p>												
<p><small>CASCADE HORSE SHOWS LLC ENTRY AGREEMENT I have read the CASCADE HORSE SHOWS LLC ("CHS") Rules and Information as printed in the Prize List for Cascade Horse Show ("Competition") and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to CHS Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition and while on the Competition grounds, and agree that any actions against the Competition must be brought in Washington State. Release-Assumption of Risk, Waiver and Indemnification This document waives important legal rights. Read it carefully before signing. I AGREE in consideration for my participation in this competition to the following: 1. I AGREE that CHS and the Competition as used herein includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I AGREE that I shall be held responsible for my actions and those of my horse, rider, driver, or staff. I shall be held responsible for my actions 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 accidents, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm"). I AGREE to hold harmless and release CHS and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of CHS or the Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of CHS or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) CHS and the Competition 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 while at the Competition. I have read the United States Equestrian Federation (USEF) Rules about protective equipment, including GR801 and, if applicable, EV114 and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that CHS strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian 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 represent that I have the requisite training, coaching and abilities to safely compete in this competition. I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to CHS on the official USEF accident/injury report form. BY SIGNING BELOW, I AGREE to be bound by all applicable Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand. CASCADE HORSE SHOWS LLC RELEASE OF PHOTOGRAPHIC &amp; VIDEO IMAGES AND AUDIO I hereby give Cascade Horse Shows LLC (CHS) and those acting with its authority the unrestricted and perpetual rights and permission to use, publish, and republish photographic and video images and audio recordings of me and/or my horse(s) and our names, taken at CHS shows in which I may be included in whole or in part, composite or edited or retouched in character or form. Said photographic and video images and audio recordings may be used for promotional, marketing and other business purposes including but not restricted to banners, prize lists, websites, promotional film DVDs, and advertisements. If the person photographed, videoed and/or recorded is under 18, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf.</small></p>												
Owner/Agent			Rider									
Signature (Parent Guardian required if minor)	Rider One Signature (Parent/Guardian required if minor)			Signature								
Print Name	Rider Two Signature (Parent/Guardian required if minor)			Emergency Contact Phone #								
<p><b>Trainer</b></p>												
Signature (Parent Guardian required if minor)			Signature									
Print Name			Emergency Contact Phone #									
Mail Entry to: Barbara Baierle C/O Cascade Horse Shows 1604 33rd Ave Ct SW Puyallup, WA 98373			Work Phone: 253-268-0463 after 6/10 Cell: 425-530-5544 Fax: 206-374-2877 Email: BBBaierle2@gmail.com									
Checks Payable to: Cascade Horse Shows Or Enter Online (CCs only) at HorseShowTime.com or EquestrianConnect.com			<p>Competition Deposit: Applied to Show Bill and Fully Refundable Prior to 7/7/17 Checks payable to Cascade Horse Shows or Pay by VISA, MC, AMEX above</p> <p>Pre-Order Bales of Shavings \$1.1 each QTY <input type="text"/></p> <p>Stall/Tack QTY <input type="text"/> \$185/week or \$60/night x <input type="text"/> nights</p> <p>Show Photographer Sign-up Fee \$25 <input type="checkbox"/></p> <p>See Photographer's Ad for Details</p> <p>Haul in Fee \$30/horse/day</p> <p>Manure Disposal &amp; Garbage Fee \$40/week or \$10/day</p> <p>Schooling Ticket Outreach Ring -Friday Only \$20 <input type="checkbox"/></p>									

# PACIFIC OUTREACH — SIGNED RELEASE REQUIRED WITH ENTRY FORM FORM

## WSHP Release of Liability for Property Damage, Personal Injury or Death

I choose to participate voluntarily in Equine Activities, as that term is defined in RCW 4.24.530(2), at the Washington State Horse Park (“WSHP”). The WSHP is an equine activity sponsor, as that term is defined in RCW 4.24.530(3). I am fully aware of and acknowledge that Equine Activities involve inherent dangerous risk of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death (“Harm”).

I agree to release WSHP Authority and the individual WSHP Board members and the WSHP Foundation and the individual WSHP Foundation Board Members, their agents, assigns, employees and contractors and members, the City of Cle Elum and Suncadia, LLC (hereinafter collectively referred to as the “Released Parties”) from all claims for money damages or loss for any Harm to me, my injury or death, the injury or death of my child(ren) named below (“Child”) or my horse or for any Harm caused by me or my horse to others, even if the Harm, directly or indirectly, resulted from the negligence of the Released Parties.

I agree to expressly assume all risks of Harm to me or my child or my horse.

I agree to indemnify the Released Parties and to hold the Released Parties harmless from all claims, causes of action and money damages resulting from Harm to me, my Child, or my horse while I am participating in Equine Activities at the WSHP facility. Under Washington State law, except as provided in RCW 4.24.540(2), an equine activity sponsor or an equine professional shall not be liable for an injury or the death of a participant engaged in an equine activity, and, except as provided in subsection (s) of this section, no participant nor participant’s representative may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant engaged in an equine activity.

I have read and understand the Rules and Regulations of WSHP that are posted on the WSHP property. I understand these rules and regulations of WSHP will be changed from time to time and I agree to abide by the changed rules. I represent that I and/or my child have the requisite training, coaching and ability to participate safely in the activities we chose to pursue at WSHP.

## Release of Photographic and Video Images

I hereby give permission to WSHP and those acting with its authority the unrestricted right and permission to use, publish and republish any photographic or video images of me and/or my horse for promotional and marketing purposes of the Horse Park. I also permit the use of any printed material in connection therewith and relinquish any right to review or restrict it’s use or publication.

I have read and understand these Releases; my signature below signifies my acceptance of their terms and conditions. I agree these Releases shall remain in full force and effect until they are specifically revoked by me in writing or superseded by new releases issued by the Horse Park and signed by me.

Name of Event \_\_\_\_\_ Event Date(s) \_\_\_\_\_

Participant’s Name \_\_\_\_\_ DOB if under 18 \_\_\_\_\_

Participant’s Signature \_\_\_\_\_ Today’s Date \_\_\_\_\_

If Event Participant is under 18 years of age, his/her parent must sign on his/her behalf below:

Parent’s Name \_\_\_\_\_ Today’s Date \_\_\_\_\_

Parent’s Signature \_\_\_\_\_

Signer’s Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



**Thank You. Please ride within your limits and have a wonderful time at the WSHP.**

## Cascade Horse Shows LLC Release of Photographic & Video Images and Audio

I hereby give Cascade Horse Shows LLC (CHS) and those acting with its authority the unrestricted and perpetual rights and permission to use, publish, and republish photographic and video images and audio recordings of me and/or my horse(s) and our names, taken at CHS shows in which I may be included in whole or in part, composite or edited or retouched in character or form. Said photographic and video images and audio recordings may be used for promotional, marketing and other business purposes including but not restricted to banners, prize lists, websites, promotional film DVDs, and advertisements. If the person photographed, videoed and/or recorded is under 18, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf.

Date: \_\_\_\_\_ Adult Name: \_\_\_\_\_

Minor Name: \_\_\_\_\_ (if under 18) Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

