

Owner				Rider One				Trainer							
Owner Name				Rider Name				Trainer Name							
Address				Address				Farm/Business Name							
City		State		Zip		State		Zip		City		State		Zip	
Social Security # or TIN#				Birthday mm/dd/yy				USEF Age				ASPCA #			
Phone				Phone				USEF #				USEF #			
Email				Email				Email				Email			
Horse				RIDER TWO				Riders/Divisions/Classes							
Horse Name				Rider Name				Rider One							
USEF #		USHJA #		Address		Address		Rider Two		Rider One		Rider Two			
Stable With		Stable With		City		City		State		State		State			
USEF #		USHJA #		Birthday mm/dd/yy		Birthday mm/dd/yy		USEF Age		USEF Age		USEF #			
Phone		Phone		USEF #		USEF #		USHJA #		USHJA #		USHJA #			
Email				Email				Email				Email			
Pre-Order on website: Shavings/Hay/Feed, Reserve RV Spot, Golf Car EVERYONE MUST SIGN RELEASES ON BACK OF ENTRY FORM															
Horse/Pony Description												Fees and Payment Information			
Age				Color				Sex				Height			
Circle if Applicable:				Sm				Med				Lg			
USEF Entry Agreement, Release of Liability, Waiver and Indemnification															
<p>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 Shows' Pacific Crest Outreach 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 write on the Competition grounds, and agree that any actions against the Competition must be brought in Washington State.</p> <p>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: I AGREE that "CHS" and the "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, valuer, lessee, owner, 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 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 hold harmless and release 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.</p> <p>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, videotaped 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.</p>															
Premium Matted Stall/Tack per week \$235				QTY:				Premium Matted Stall/Tack per week \$195				QTY:			
Standard Stall/Tack per week \$195				QTY:				Stabling Tues 8am-Sun 7pm included, Sun night \$35				QTY:			
Stall per night \$60				# nights				QTY:				1 Free Shavings Bag included with each Stall			
Schooling Ticket \$20				Haul In Fee \$30/horse/day				Manure Disposal & Garbage Fee \$40				Office Fee \$20			
Credit Card # - 3.5% convenience fee per transaction will be added for CC use.															
Exp Date mm/yy				CCV #				Zip Code				Name on Card (please print)			
Billing Address															
Signature Authorizing Payment															
\$150 Competition Deposit Required per Show															
Competition Deposit: Fully Refundable Prior to Early Entry Deadline															
Owner/Agent				RIDER				Trainer				Coach			
Signature (Parent/Guardian required if minor)				Rider One Signature (Parent/Guardian required if minor)				Rider US Citizen?				Signature			
Print Name				Rider Two Signature (Parent/Guardian required if minor)				Rider US Citizen?				Print Name			
Enter Online at Horseshowing.com or EquestrianConnect.com (CCs only)				Checks Payable to: Cascade Horse Shows				Emergency Contact Phone #				Show Secretary: Alison Gerami 909.260.9221 Secretary@CascadeHorseShows.com			
or Mail Entries to: Cascade Horse Shows c/o Alison Gerami 24431 Chancellor Ct. Laguna Hills, CA 92653								Pre-Order on website: Shavings/Hay/Feed, Reserve RV Spot, Golf Car							

PACIFIC OUTREACH — SIGNED RELEASE REQUIRED WITH ENTRY FORM FORM

Washington State Horse Park 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 also expressly assume all responsibility for handling and transporting my horse while at WSHP.

I agree to indemnify the Released Parties and to hold them 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.

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 its 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 _____

Participant’s cell # _____ Emergency Contact Name _____

Participant’s Zip Code # _____ Emergency Contact Cell # _____



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: _____

