

NOT SUMMER HORSE SHOW SERIES

Number: _____ Show Date: _____

Horse Name: _____

Breed: _____ Horse Age: _____ Coggins No.: _____

Rider Name: _____ Rider Age: _____

Owner Name: _____ Owner Phone: _____

Rider Address: _____

City: _____ State: _____ Zip: _____

Rider Email: _____

Circle Class Numbers: 1 2 3 4 5 6 7 8 9 10 11 12
13 14 15 16 17 18 19 20 21 22 23 24 25 26
27 28 29 30 31 32 33 34 35 36 37 38 39
40 41 42 43

Total Number of Classes - \$6.00 each: _____ Office Fee \$5.00: _____

High-Point Nomination - \$10.00: _____ Total Fees: \$ _____

Check No.: _____ Cash: _____ Paid: _____ Tab: _____

_____ (Please Print Name) hereby agrees that Due West Ranch Inc., d/b/a Due West Inc., Bill Basler, Due West TRC, Mary Sharp, William Basler and their owners, agents and employees shall not be responsible or liable to me for any injury, loss or damage resulting from my participation in any activity sponsored by, or on the property of Due West Ranch, Inc.; William Basler, Mary Sharp, Due West TRC. Such activities include but are not limited to boarding, showing, riding lessons, and any horse related activity. I further understand horseback riding and showing carries risk and I assume those risks by participating in horse related activities.

I hereby release and waive any claims I have against Due West Ranch, Inc. their owners, agents, and employees and I agree to indemnify and hold harmless both said parties against any and all claims for injury, loss or damage I may suffer.

Signature of Participant: _____

Signature of Parent/Guardian (if participant is a minor): _____

Address: _____ Date: _____