

## Washington Bridle Trails Association Horse Show

Anne Taylor, 1108 East Capitol Street, NE, Washington, DC 20002 (202) 543-1946/FAX (202) 543-5512

**DATE OF COGGINS:**

Please indicate appropriate date:

**NAME OF HORSE/PONY:**  
(Indicate S/M/L if pony)

**CLASSES ENTERED**

**RIDER :** **AGE (if JR)**

Indicate one from each category: **JUNIOR**\_\_\_\_ **ADULT**\_\_\_\_ / **AMATEUR**\_\_\_\_ **PROFESSIONAL**\_\_\_\_ / **MEMBER**\_\_\_\_ **NONMEMBER**\_\_\_\_

**RIDER ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP CODE** \_\_\_\_\_

**TEL. #**\_\_\_\_\_ **E-MAIL ADDRESS** \_\_\_\_\_

**TRAINER NAME /ADDRESSCITY/STATE/ZIP CODE :** \_\_\_\_\_

**TEL. #**\_\_\_\_\_ **E-MAIL ADDRESS** \_\_\_\_\_

**OWNER NAME/ADDRESS/CITY/STATE/ZIP CODE :** \_\_\_\_\_

**TEL. #**\_\_\_\_\_ **E-MAIL ADDRESS** \_\_\_\_\_

Office Fee	\$15
Entry Fees Due	_____
WBTA Member Fee	
Single—\$35.00	_____
Family—\$45.00	_____
Amount Received	_____
Paid \$ _____	Ck# _____

**PARTICIPANT RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION AGREEMENT**—I have read the WBTA Prize List and agree to all of its provisions. In consideration for my participation in this horse show, I also agree to RELEASE, ASSUME THE RISK OF and WAIVE claims against WBTA as follows: I AGREE that I choose to participate voluntarily in the horse show as a rider, owner, lessee, agent, coach, trainer and/or as a parent or guardian of a junior rider. I am fully aware and acknowledge that horse sports and this horse show involve inherently dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”). I AGREE to release WBTA from all claims for money damages or otherwise for 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 WBTA. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of WBTA. I AGREE to indemnify (pay for any losses, damages or costs of any Harm incurred by) WBTA and to hold WBTA 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 at the horse show. I understand that all junior riders are required to wear ASTM/SEI Certified helmets when mounted and all senior riders are required to wear ASTM/SEI certified helmets when jumping, but I understand that no amount of protective equipment can guard against all injuries.

If I am the parent or guardian of a junior rider, I consent to my child’s participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on behalf of my child. I AGREE that WBTA as used above includes WBTA, its officers, directors, employees, contractors, agents, volunteers, and Meadowbrook Foundation, Inc., its officers, directors, employees, agents, volunteers, and M-NCPPC, its officers, directors, employees, contractors, agents and volunteers.

**ENTRY NUMBER** \_\_\_\_\_