



Equestrians Institute - Driving Trials Back-to-Back

When: September 9-10, 2017

Where: Ethel Events Center, Ethel, WA.

Driver: _____
 Address: _____
 City, State, Zip _____
 Email: _____
 Phone: _____

Medical armbands or Road I.D. are required for all participants.
 Questions?
 Contact Diana 425.466.4845
 diana@einw.org

Horse Owner: _____
 City, State, Zip: _____
 Navigator: _____
 Email: _____
 Phone: _____

Please circle all that apply

Class: Horse Pony Sm Pony VSE	Turnout: Single Pair Multi (Tandem,Uni,Fours)	Division: Training Prelim Intermediate Advanced
----------------------------------	--	--

Name of Equine	Age	Height	Sex	Color	Breed

Entry Fee \$175.....\$ _____
 EI member discount \$20**.....-\$ (____)
 Post Entry Fee (call first) add \$50..... \$ _____
 Stall Fee @ \$70 x ____ # stalls = \$ _____
 Add'l nights \$25/stall night if approved
 -or-
 Haul In Fee \$25..... \$ _____
 Self stalling \$25 if approved..... \$ _____
 Golf cart: 2-seater \$155..... \$ _____
 4-seater: \$235..... \$ _____
 Limited number available. Not guaranteed.
 Medical Armband \$10 ea..... \$ _____
 Donation..... \$ _____
 EI is a 501(c)(3) Non-Profit organization

First time competitor: Yes No
 Approx Time of Arrival _____
 Please stable near _____
 Special Considerations _____
 Truck/Trailer Length _____

Make checks payable to:
 Equestrians Institute
 Mail entries to: Leslie McGinnis
 32917 NE 134th St.
 Duvall, WA 98019
 ** Join E.I. today and get the E.I. member discount.
 To join, go to our website at www.einw.org and select Join E.I.

I hereby consent to the entry of my child: _____
 in this horse event and accept responsibility under the rules for the participation of any minor under my supervision. I understand there is NO SMOKING OR ALCOHOL in buildings, barns, or arena.

TOTAL FEES ENCLOSED: \$ _____
 Stall cleaning included in stall fee

Signature: _____ Date: _____

Entry Checklist: All handwriting legible? Signed entry w/fees All blanks filled in All signatures provided Vaccination/Vet papers included



Equestrians Institute Driving Liability Waiver/Hold Harmless Agreement

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 Equestrians' Institute Competition to the following: **I AGREE that "Competition" as used herein includes the Licensee and Competition Management, Equestrians Institute as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and property owners.**

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, lessee, owner, agent, 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 the Competition as well as 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 resulted, directly or indirectly, from the negligence of the Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) 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. 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 AGREE that the "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I represent that I have the requisite training, coaching and abilities to safely compete in this competition. **BY SIGNING BELOW, I AGREE** to be bound by all applicable rules and all terms and provisions of this entry blank.

PARTICIPANT NAME

SIGNATURE

Date

Parent/Guardian if under 21 years of age)

NAVIGATOR NAME

SIGNATURE

EMAIL

Date

NAVIGATOR NAME

SIGNATURE

EMAIL

Date