Ranch Horse Versatility Show
Webb Ranch
May 6, 2018

Entry No. _____

HORSE: _____Rider 18 or Over: Y/N _____

EXHIBITOR/RIDER:_____

ADDRESS:_____

CITY/ZIP_____

PHONE/EMAIL:_____

| CLASS # | CLASS # | CLASS # | CLASS # | CLASS # | CLASS # |
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NUMBER OF CLASSES X $15 $_____
NUMBER OF CLASSES X $18 AFTER 5/2 $_____
Mandatory California DRUG FEE: $ 5.00

TOTAL: $_____

I, the undersigned, wish to participate in the SMCHA event on May 6, 2018. I understand that during portions of this event, I will be in close proximity to one or more horses under circumstances which may expose me to some risk of serious injury and damage to both person and property, including the risk of death, because of the nature of horses, the facility and the activities in which I will be engaged.

In consideration of SMCHA allowing my participation in this event, I, on behalf of myself, my heirs, administrators, personal representatives, assigns and children and spouse, if any, do hereby agree to hold harmless, release and discharge SMCHA which includes its officers, directors, members, agents, representatives, affiliates and insurers, the horse show committee and Webb Ranch and their employees from all claims, demands, causes of legal action and legal liability whether known or unknown, anticipated, or unanticipated, due to the ordinary negligence of SMCHA. I shall not bring any claims, demands, legal actions or cause of action against SMCHA for any damage or loss due to bodily injury, death, or property damage arising out of my participation in this event.

_____ _____
Signature of Rider or Responsible Adult if Rider under 18 Date

_____ _____
Signature of Horse Owner Date