

RIDER #

REGISTRATION FORM

4/10/11 Relay for Life Benefit Trial Trials

Hosted by California State Horsemen's Assoc., Region 11 E.T.P. Program

**** Release must be signed by participants and workers ****

NAME (print): _____

ADDRESS: _____

CITY/ZIP: _____

PHONE: _____

EMAIL: _____

Emergency Contact Name: _____ Phone: _____

Juniors 17 years and under must be accompanied by an adult rider.

(Juniors only) Name & Phone # of adult responsible for the day: _____

NOTE: Junior Riders must wear helmet and be accompanied by an adult throughout the ride.

PLEASE CHECK THE APPROPRIATE CATEGORY **and** DIVISION

1. Circle Preferred Ride Time: 8:30 9:00 9:30 10:00 10:30 11:00

2. CATEGORY: (✓ one) ___ Advanced ___ Intermediate ___ Novice

3. DIVISION: (✓ one) ___ Junior (17 & under) ___ Adult (18-49) ___ Wise One (50+)

4. Name of Horse: _____

Note: To participate in the CSHA State Championship Event, you must be a member of a region CSHA Trail Trials Program. Membership forms will be available at the ride.

Entry Fees (Make checks payable to CSHA – Must present valid drivers license)

___ \$40 – Competitor (Includes \$5 Park fee, \$5 drug fee and \$3 CSHA State fee)

___ <\$5> – Discount if registration received by 04/2/11

Mail to: Charlene Schramm, 6460 Etiwanda Ave., Mira Loma, CA 91762

___ \$20 – Schooling Riders – Judged, no awards (Includes \$5 Park fee)

___ \$10 – Companion Riders – Does not do obstacle (Includes \$5 Park fee)

CASH ___ or Check # ___ Amount Received: ___ Received by: ___

Please fill out and return BOTH the Release Form and Registration form.

Office Use Only: date Rec'd ___ Amt ___ Ck# ___ Paid ___ Release ___ Refund ___

RELEASE OF LIABILITY

I acknowledge that horseback riding is a sport, which carries inherent risks of injury and damage to me, my horse and property. I knowingly assume all risks, whether known or unknown, of horseback riding.

I hereby release the California State Horseman's Association hereinafter referred to as "CSHA", and Riverside County Parks and Open Space, hereinafter referred to as "RCPOS" from all liability for any act of negligence or want of ordinary care on the part of CSHA and RCPOS. In consideration of my participation in events organized or sponsored by CSHA and RCPOS, I wave, release and discharge CSHA and RCPOS and their directors, officers, agents and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals or my property arising out of my participation. This agreement is binding upon my executors, heirs and assigns.

I expressly waive any rights I may have under California Civil Code 1542, which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have materially affected his settlement with the debtor."

I agree that I will indemnify and hold harmless CSHA and RCPOS and their officers, directors, members and agents against all claims, demands, and causes of action, including court costs and actual attorney fees, arising from any proceeding or lawsuits brought by or prosecuted for my benefit, in which this release is upheld.

CSHA and RCPOS and its agents or employees shall not be liable for any damage which may accrue from any cause or as a result of fire, theft, running away, state of health, injury to person, horse or property.

I acknowledge that I have read this Release of Liability and know and understand its contents.

SIGNATURE: _____ DATE: _____

MINORS - DO NOT SIGN THIS FORM - PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION

I, the undersigned parent or guardian of the above participant in consideration of my minor's participation in the event, agree that the terms and conditions of this Release of Liability shall be binding as to damage or injury to my minor, his/her animals, and property arising out of his/her participation in events.

I acknowledge that I have read this Release of Liability and know and understand its contents.

NAME _____

ADDRESS _____

CITY/ZIP _____

TELEPHONE _____

SIGNATURE: _____ DATE: _____
