

Washington State Jr Horse Show presents:

HORSEMANSHIP for GAMING and PERFORMANCE
With Liz Martinez

Thursday June 27, 2024

Location: Grant Co Fairgrounds
3953 Airway Dr NE, Moses Lake, WA 98837

12 Horse Limit

8-5 (Includes 1 Hr Lunch) 8 Hour Class - \$85
Does NOT include stall

HORSEMANSHIP for GAMING and PERFORMANCE

PRE ENTRY REQUIRED ** Due June 20, 2024

MAIL THIS PORTION WITH PAYMENT

**** Make Checks Payable: WSJHS**

Clinic \$85 STALLS: 1 day-\$53.00 2 days-\$83.00 3 days-\$103.00 4 days-\$123.00 Total \$

Mail Entries to: Kimberly Lansing 831 N Forsell Rd Grandview WA 98930
or ms.berly@yahoo.com

Owner/Agent's Name: _____ Email _____

Address: _____ City/State _____ Zip _____

Phone # _____ If applicable: 4H Club/WAHSET District: _____

Clinic \$85 STALLS: 1 day-\$53.00 2 days-\$83.00 3 days-\$103.00 4 days-\$123.00 Total \$

Release of Liability Waiver: Being of sound mind and body, I the undersigned, individually and on the behalf of my minor child(ren), hereby release all members of the Washington State Jr Horse Show Organization, Grant Co Extension Office, Grant Co Fairgrounds, any and all officials and volunteers from liability, loss, or damage while using Grant Co Fairgrounds property, to ride my horse on said location at 3953 Airway Dr NE, Moses Lake, WA 98837. It is understood that there are certain risks to horse and rider involved in riding, training, and using the facilities. I agree to assume full responsibility for all such risks and agree that the above-mentioned parties will not be responsible for any loss, personal injury, or damage to me or my child(ren), or to horse(s) or property owned or controlled by me. I hereby indemnify the above-mentioned parties against claims of any kind that may grow out of such loss or damage, either in the arena, or any other part of the property. This release is in effect from the date signed below, until further notice. I have read and understand the waiver for the horse show and grounds.

Signature of Owner / Authorized Agent: _____ Date _____

Signature of Parent / Guardian of Youth _____ Date _____