



Craig Cameron Clinic Registration

Fri-Sun, Sept 25, 26, & 27, 2020
 Washington State Horse Park
 1202 Douglas Munro Blvd Cle Elum, WA 98922

REGISTRATION IS ACCEPTED ON A FIRST COME, FIRST SERVE BASIS. SPACE LIMITED TO 14 RIDERS

TO SECURE YOUR SPACE SUBMIT REGISTRATION FORM, SIGNED RELEASE AND AT LEAST \$375 NON-REFUNDABLE DEPOSIT. ANY REMAINING BALANCES FOR REGISTRATION OR OTHER FEES ARE DUE BY AUGUST 31.

ONE FORM MUST BE COMPLETED FOR EACH HORSE/RIDER.

Rider's Name _____ DOB if under 18 yrs _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Horse Name _____ Attending With _____

3 Day Clinic Participation	\$750 / horse \$375 NON-REFUNDABLE DEPOSIT DUE WITH REGISTRATION Remaining balance (\$375) due Aug 31	\$750/3 Day Clinic	=	\$750
Stall*	<input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	X \$25/night	=	
Additional Shavings*	# Bags _____	X \$9/Bag	=	
RV Hookup	<input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	X \$30/night	=	
Haul in fee	(any horse not taking a stall)	\$50 for 3 days	=	
Auditor Fee	Names: _____ Applies to observers not registered in the clinic.	X \$30/day OR \$75 for 3 days	=	

* One bag shavings included upon arrival

TOTAL DUE	
LESS NON-REFUNDABLE DEPOSIT	(\$375)
BALANCE DUE BY AUG 31	

Uncleaned Stall Deposit	Please provide separate check. We will void after event if stall has been stripped.	\$25
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BALANCE OF REGISTRATION AND ALL OTHER FEES DUE BY AUGUST 31

Mail Registration, signed release and payment to: WSHP, PO Box 278, Cle Elum, WA 98922

******* READ AND SIGN RELEASE ON BACK OF THIS FORM *******

CRAIG CAMERON CLINIC PARTICIPANTS – Sept 25-27 2020

WSHP Release of Liability for Property Damage, Personal Injury or Death

I choose to participate voluntarily in Equine Activities, as that term is defined in RCW 4.24.530(2), at the **Washington State Horse Park** ("WSHP"). The WSHP is an equine activity sponsor, as that term is defined in RCW 4.24.530(3). I am fully aware of and acknowledge that Equine Activities involve inherent dangerous risk of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death ("Harm").

I agree to release WSHP Authority and the individual WSHP Board members and the WSHP Foundation and the individual WSHP Foundation Board Members, their agents, assigns, employees and contractors and members, the City of Cle Elum and Suncadia, LLC (hereinafter collectively referred to as the "Released Parties") from all claims for money damages or loss for any Harm to me, my injury or death, the injury or death of my child(ren) named below ("Child") or my horse or for any Harm caused by me or my horse to others, even if the Harm, directly or indirectly, resulted from the negligence of the Released Parties.

I agree to expressly assume all risks of Harm to me or my child or my horse.

I agree to indemnify the Released Parties and to hold the Released Parties harmless from all claims, causes of action and money damages resulting from Harm to me, my Child, or my horse while I am participating in Equine Activities at the WSHP facility.

Under Washington State law, except as provided in RCW 4.24.540(2), an equine activity sponsor or an equine professional shall not be liable for an injury or the death of a participant engaged in an equine activity, and, except as provided in subsection (s) of this section, no participant nor participant's representative may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant engaged in an equine activity.

I have read and understand the Rules and Regulations of WSHP that are posted on the WSHP property. I understand these rules and regulations of WSHP will be changed from time to time and I agree to abide by the changed rules. I represent that I and/or my child have the requisite training, coaching and ability to participate safely in the activities we chose to pursue at WSHP.

Release of Photographic and Video Images

I hereby give permission to WSHP and those acting with its authority the unrestricted right and permission to use, publish and republish any photographic or video images of me and/or my horse for promotional and marketing purposes of the Horse Park. I also permit the use of any printed material in connection therewith and relinquish any right to review or restrict its use or publication.

I have read and understand these Releases; my signature below signifies my acceptance of their terms and conditions
I agree these Releases shall remain in full force and effect until they are specifically revoked by me in writing or superseded by new releases issued by the Horse Park and signed by me.

Participant's Name _____ DOB if under18 _____

Participant's Signature _____ Today's Date _____

If Event Participant is under 18 years of age, his/her parent must sign on his/her behalf below:

Parent's Name _____ Today's Date _____

Parent's Signature _____

Signer's Home Address: _____

City _____ State _____ Zip Code _____

****Thank You****