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INDEPENDENCE DAY OPEN SHOW ENTRY FORM 2018

Sunday, July 1st 8:00am

Pre-entries need to be received with payment by June 25, 2018 to get discount, NO REFUNDS!

Mail to Three Gaits, P.O. Box 153, Oregon, WI 53575

Exhibitor Name _____ High Point Division _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

Horse's Name _____

Classes Entered (Please Circle All That Apply):

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53
 54 55 56

Highpoint Classes:

- Tiny Tot = 7, 12, 16, 21, 22, 27
 Jr. Jr. = 8, 12, 31, 35, 36, 40, 42, 46, 47, 51, 52
 Jr. = 9, 12, 32, 35, 37, 40, 43, 46, 48, 51, 52
 Sr. = 10, 12, 33, 35, 38, 40, 44, 46, 49, 51, 52
 Novice = 11, 20, 26, 34, 39, 45, 50, 52

No Cross Entering High Point Divisions

Pre-Entry: All Day Fee = \$50.00, Class Fee = \$5.00
Day of Show: All Day Fee = \$60.00, Class Fee = \$6.00
NO REFUNDS

| Pre-Entries: | Day of Show: |
|---|---|
| All Day Fee = \$50.00 OR | All Day Fee = \$60.00 OR |
| Total classes _____ x \$ 5 = | Total classes _____ x \$ 6 = |
| Number of stalls _____ x \$30 = | Number of stalls _____ x \$30 = |
| Office Fee = \$2.00 | Office Fee = \$2.00 |
| Grounds Fee = \$5.00 (waived if boarded at 3 Gaits or stalled) | Grounds Fee = \$5.00 (waived if boarded at 3 Gaits or stalled) |
| TOTAL Due = \$ | TOTAL Due = \$ |
| Paid by Cash \$ _____ or Check # _____ | Paid by Cash \$ _____ or Check # _____ |

Liability Release:

In return for being allowed to use the Three Gaits, Inc., Therapeutic Horsemanship Program facility for horseback riding and other horse related activities, I agree to abide by all rules and regulations of Three Gaits, Inc. now in effect or later adopted. In addition, I hereby agree to assume all responsibility and risk from my participation in activities. I further agree to hold Three Gaits, Inc., its board of directors, instructors, staff, and volunteers free and harmless from all damages or liability for any injury to person or property arising as a result of the use of facilities, horses, and equipment owned or leased to Three Gaits, Inc., including any injury caused by their negligence. I am aware of the significant risk of injury that horseback riding and horse related activities may cause, however I feel that the possible benefits are greater than and outweigh the risk assumed. By signing this agreement I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless Three Gaits, Inc., from all liability they may incur. In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: a person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in a equine activities resulting from the inherent risk of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes."

Name of Exhibitor

Date _____

Signature of Exhibitor or Parent/Guardian if under 18 years of age

Date _____