



Derby Field **Rider Registration for Schooling**

Note: An advance reservation approved in writing by Park management is required to use the Derby Field. Assuming written approval has been granted, each rider must complete this registration form in order to warm-up in an arena, school in the Derby Field, and use of the adjacent trail system. Complete and submit it, along with the required user fees, in the lock box provided prior to unloading. For use of stalls, RV hook-ups and other riding activities, please complete the Park's normal Day Use registration form(s) available online or at the Park.

Date _____ Trainer's Name _____

Rider Name _____ Cell# _____

Street address _____

City _____ State _____ Zip _____

Email _____

Emergency Contact Name _____ Phone _____

If WSHP Member: Card # _____ Expiration Date _____
(card information required if paying Member fee, otherwise pay Non-member fee)

\$ Fee/2 hour session

WSHP Member	\$30/rider/horse
Non-Member	\$40/rider/horse
Youth (under 18 yrs)	\$20/rider/horse

Amount Enclosed \$ _____

Make checks payable to Washington State Horse Park Authority.

ALL TRAINERS AND RIDERS MUST READ AND SIGN THE APPLICABLE LIABILITY RELEASE FORMS PROVIDED FOR THEM PRIOR TO RIDING.

Questions: if at least 24 hours in advance contact 877-635-4111 or operations@wahorsepark.org.
If onsite, try Deanie at 509-607-4643.

DERBY FIELD USE – RIDER’S RELEASE

Washington State Horse Park

Release of Liability for Property Damage, Personal Injury or Death

I choose to participate voluntarily in activities at the Washington State Horse Park (“WSHP”). I am fully aware and acknowledge that horse riding and horse-related sports – and in particular cross country jumping - 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 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 claims, causes of action and money damages resulting from Harm to me, my child, or my horse while visiting and /or using the WSHP, either on or off the premises.

I have read and understand the Rules and Regulations of WSHP that are posted on the WSHP website and property and/or were provided to me directly. 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 cross country schooling and other activities we chose to pursue at WSHP.

I agree at all times to ride under the direct supervision of the Trainer approved by WSHP to conduct this schooling.

I agree at all times while mounted I will wear a vest and helmet that meet the minimum safety requirements established by the United States Eventing Association.

Under Washington State law: § 4.24.540. Limitations of liability for equine activities – Exceptions:

Except as provided in subsection (s) of this section, an equine activity sponsor or an equine professional shall not be liable for an injury or the death 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.

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.

Today’s Date _____

Rider’s Name _____ Birth Date * _____

Rider’s Signature _____

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

Parent’s Name _____ Parent’s Signature _____

DERBY FIELD USE – TRAINER’S RELEASE

Washington State Horse Park

Release of Liability for Property Damage, Personal Injury or Death

I choose to participate voluntarily in activities at the Washington State Horse Park (“WSHP”). I am fully aware and acknowledge that horse riding and horse-related sports – and in particular cross country jumping - 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 any rider or horse I am training, and 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, my child, or my horse.

I agree to indemnify the Released Parties and to hold the Released Parties harmless from claims, causes of action and money damages resulting from Harm to me, my child, or my horse while visiting and /or using the WSHP, either on or off the premises.

I have read and understand the Rules and Regulations of WSHP that are posted on the WSHP website and property and/or were provided to me directly. 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 have the \$1 million professional liability insurance required by the Horse Park in full force and effect during this schooling period.

I represent that I have the requisite training, coaching and ability to safely manage cross country schooling exercises and other activities my students wish to pursue at WSHP.

I agree to inspect and approve the safety of all jumps and footing being used and to provide direct supervision to all riders who I teach during this schooling activity.

Under Washington State law: § 4.24.540. Limitations of liability for equine activities – Exceptions:
Except as provided in subsection (s) of this section, an equine activity sponsor or an equine professional shall not be liable for an injury or the death 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.

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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.

Today’s Date _____

Trainer’s Name _____

Trainer’s Business Name _____

Trainer’s Signature _____