



2018 REGISTRATION AND RELEASE FORM
DAY USE ♦ MEMBERSHIP ♦ SEASON PASS ♦ DONATION

EVERY PERSON/FAMILY entering the Park to ride, drive or work with horses is required to COMPLETE both sides of this form prior to unloading horse(s). Children under 18 must be accompanied by an adult and have a parent/guardian signed release form; one form per family. Deposit completed/signed form and user fees in the lock box provided.

Date Name Current WSHP Member #

Address City State Zip

Phone Email

A. DAY USE REGISTRATION - Fill out this portion if you are using Park facilities
Reserve Stalls & RV Hookups online (wahorsepark.org) at least 24 hrs. in advance.

Towing Vehicle License Plate Spouse (if riding)

Children (< 18 yrs, if riding)

Emergency Contact : Phone:

Table with 7 columns: Facility Registration, Season Pass, Member, Non-Mem, # Horses, # Days, \$ Due. Rows include Arena and/or Trail, Stall, Shavings, RV Hook-Up, XC Schooling, Adult, Youth, Holding Stall, and A. Day Use Subtotal.

B. MEMBERSHIP & SEASON PASS APPLICATION - Fill out this portion if you are buying a membership and/or a Season Pass.

Annual Membership - Receive discounts for recreational use of arena / trails; see benefits at visitor kiosk or wahorsepark.org
Regular member: \$35 Individual \$60 Family
VIP member: \$100 Bronze \$250 Silver \$500 Gold \$1,000+ 24 Carat
2018 Season Pass, \$60 - Recreational arena/trail day use fees are waived - Must be a member and have a signed release on file.

C. DONATION - I want to make an additional donation to the Park [A 501(c)3 charitable non-profit organization (TID #33-1197391)] = \$

B. & C. Membership & Donation Subtotal \$

Checks or Cash Only; Make checks payable to WSHP (A+B+C) TOTAL DUE \$

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

Washington State Horse Park - All Day Users for 2018
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.

Today's Date _____

Name _____ Signature _____

If Family, list all immediate family members visiting the Park. Only parent or legal guardian may sign for children.

2nd Adult's Name _____ Signature _____

Child (under 18) _____ Date of Birth _____

Child (under 18) _____ Date of Birth _____

Child (under 18) _____ Date of Birth _____

Thank You. Please ride within your limits and have a wonderful time at WSHP! 1.18.18

WSHP Mailing Address: PO Box 278 • Cle Elum, WA 98922; 877-635-4111 • director@wahorsepark.org