

# 2018 WHISPERING WINDS BUCKLE SERIES REGISTRATION

**\$45.00 for the day. \$5.00 Office Fee.**

**\$20.00 JACKPOT**

**All Exposition Rides are \$5.00**

**Checks are to be made out to: Whispering Winds Equestrian Facility**

**Date:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **Jr DOB** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of Horse:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Name of Trainer:** \_\_\_\_\_

In consideration of the acceptance of the foregoing entry, it is understood and agreed that I/we are aware of the risks and exposure to personal injury involved through horsemanship activities and I/we hereby release Falcon Ridge Equestrian Center and all officers and members thereof, from any and all claims for damage which may occur to me or my horse at anytime hereafter. Neither myself, my heirs, representative or dependants will charge said association, its owners or members with any fault for any injury, loss or damage which may be suffered by me or them due to any manner, thing or condition, negligence or default whatsoever, and I hereby assume and accept the full risk and danger of any injury or damage to myself, family members, livestock and equipment while attending an event sponsored by this organization. **ASTM HELMETS ARE REQUIRED FOR ALL RIDERS 18 YEARS OLD AND YOUNGER**, and are highly suggested for all riders.

**Rider Signature:** \_\_\_\_\_  
(All adults must sign their own entry form)

**Owners Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

## DIVISION

<i>Please circle division you are participating in</i>	CAN BASH	BARREL DASH	STRAIGHT BARREL	CLOVERLEAF	POLE BENDING	
<b>PEE WEE</b>						
<b>WALK JOG LOPE</b>						
<b>JUNIOR</b>						
<b>OPEN</b>						
<b>TOTAL</b>						<b>\$45.00</b>
<b>JACKPOT</b>				\$20	\$20	\$
<b>COSTUME CLASS \$10.00 (July &amp; Oct)</b>						
<b>TIMER FEE</b>						<b>\$5.00</b>

FOR OFFICE USE ONLY: Coggins: \_\_\_\_\_ Rabies: \_\_\_\_\_

PAID CASH: \$ \_\_\_\_\_ PAID CHECK: # \_\_\_\_\_ \$ \_\_\_\_\_

STAFF INITIAL: \_\_\_\_\_