

4/21/2011



## Day Use Registration Form

**Each and Every person entering the Horse Park to ride, drive or otherwise work with a horse (hereafter referred to as the "Rider") is required to complete this form and submit it, along with the required user fees, in the lock box provided prior to unloading horse(s).**

Rider Name \_\_\_\_\_  
 Accompanying Spouse \_\_\_\_\_  
 Name(s) of Children (under 18 years) \_\_\_\_\_  
 Haul-in Trailer Make \_\_\_\_\_ License # \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 I am a Paid-up Member of Washington State Horse Park Foundation? Y  N   
 I am entering the Horse Park to engage in the following activities: \_\_\_\_\_

### Day Use Fees

	Foundation <u>Member*</u>	<u>Non-member</u>	#Horses	#Days	=	Amount Due
Haul-in (per horse) includes parking, trails, arenas, wash rack, porta-johns, as available - excludes organized group use of arenas - groups over 6 <u>and/or</u> with trainer call in advance for arrangements	\$10	\$15	X _____	X _____	=	\$ _____
Stall (includes initial shavings)	\$15	\$25	X _____	X _____	=	\$ _____
RV Hook-up (includes water, electric plus sewer for most)	\$25	\$30	X _____	X _____	=	\$ _____
<b>TOTAL \$</b>						_____

\* qualify for the reduced rates by becoming a Member or renewing your Membership today - fill out the form provided and place it with your donation in the lock box with this User Registration.

Make Checks Payable to Washington State Horse Park Authority.

To ensure availability of stalls and hook-ups, call or email at least 24 hours in advance to 425-486-0272 or [operations@washingtongstatehorsepark.org](mailto:operations@washingtongstatehorsepark.org).

**\*\*READ AND SIGN THE LIABILITY RELEASE ON THE BACK OF THIS FORM\*\***

4/21/2011

## WSHP Registration Form

### 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 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 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.

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 it’s 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):

2<sup>nd</sup> Adult’s Name \_\_\_\_\_

Signature \_\_\_\_\_

Name of Child (under 18) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Child (under 18) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Child (under 18) \_\_\_\_\_ Date of Birth \_\_\_\_\_

4/21/2011

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

3-31-11