



# MAPLEWOOD STABLES HORSE SHOW

## Benefiting GoodToKnow Horses 501(c)3

425 W. Laramie Dr., Reno, NV 89521 Phone: (425) 315-6756

### SATURDAY & SUNDAY, MAY 28-29, 2022

HORSE #  
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#### REGISTRATION AND RELEASE FORM

**Pre-Entries must be received by 7:00 pm on Wednesday, May 25. Post-Entry Fees will be applied after this time.**

E-mail entries to show secretary at [susanhowe@gmail.com](mailto:susanhowe@gmail.com) or drop off to Maplewood Stables.

**Only one entry form per horse/pony. Entry must be filled out clearly and completely.**

\*Required items (One registration form per RIDER)

\*Red lined required sections must be completed.

<b>Horse:</b>  <b>Horse owner:</b>	<b>Trainer:</b>  <b>Email address:</b>	<b>SNHSA #:</b>  <b>Phone #:</b>
<b>Rider name:</b>  <b>Address, city, state, zip</b>	<b>SNHSA #:</b>	<b>Rider #2:</b>  <i>(Please write 2<sup>nd</sup> rider name but use a separate registration form for 2<sup>nd</sup> rider, unless it is the trainer.)</i>
<b>*Cell phone:</b>	<b>Email:</b>	

**Classes Entered (horses/ponies may not enter and show in more than 6 classes in a day):**

<b>List Saturday class #s:</b>	<b>List Sunday class #s:</b>
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<p><b>Please leave cash or an open, signed check, payable to GoodToKnow Horses, a 501(c)3 charity</b></p> <p>Pre-Entered Classes \$30 x _____ = _____</p> <p>Post-Entered Classes \$40 x _____ = _____</p> <p>\$1,000 Equivont/Breakaway Farms Hunt &amp; Go Derby \$60/rider = _____</p> <p>\$500 Murry Ranch Jumper Derby \$60/rider = _____</p> <p>Post-Entered Derby fee add \$10 x _____ = _____</p> <p>SNHSA Horse Fee (rider splits apply) \$5 = _____</p> <p>\$25 Non-Member Fee \$25 = _____</p> <p>\$25 Non-compete Horse Fee \$25 = _____</p> <p>\$40 Friday Schooling Fee \$40 = _____</p> <p>Tax deductible GoodToKnow Horses Donation = _____</p> <p>Calculated Total due \$ _____</p> <p style="color: red;"><i>(Please make checks payable to GoodToKnow Horses)</i></p>	<p><b>Office use:</b></p> <p style="text-align: center;"><b>Payment information</b></p> <p>Cash amount \$ _____</p> <p>Check amount \$ _____ Ck # _____</p> <p style="text-align: right;"><b>Total paid \$ _____</b></p> <p><b>Notes for Rider splits: (horse fee, schooling fee, class fees)</b></p>
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(\*Riders must also read and sign the Maplewood Participant Agreement, Release and Assumption of Risk form on next page)

#### SNHSA WAIVER AND RELEASE

I, the undersigned, acknowledge that as a rider/competitor, I am subjecting myself to certain inherent risks of injury or damage to either horse, rider or equipment. Knowing these facts, I nevertheless, in consideration of you accepting me as a competitor, do hereby for myself, my heirs, executors and administrators, agree to waive, release and hold harmless Maplewood Stables, SNSHA, their employees, agents or representatives paid or unpaid, from any accident, death, injury, damage or theft that might occur to me, my horses, family, friends or personal property while at Maplewood Stables. I have read the above statement and understand my rights.

Signature of Rider 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Rider 2 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

After submitting, please inform secretary of any changes or cancellations prior to day of show if possible. Payment by cash or check is required to receive show number.

## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Maple Wood Training Stables, Inc., their agents, owners, officers, volunteers and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MWTS"), I hereby agree to release, indemnify, and discharge MWTS, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in horses entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, but is not limited to:** slipping and falling; falling objects; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity; a horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright causing you to be injured by the horse; horses may do such things as bite, kick, buck, lie down, or stumble; they may collide with obstacles or encounter variations in terrain; saddles may slip and other tack or saddle problems may develop as a result of normal use and wear; participants may lose their balance that can result in falling from the horse; there is the possibility of rough terrain; passengers can be jolted, jarred, bounced, thrown about and otherwise shaken during rides; it is possible that riders could be injured if they come into contact with other passengers or equipment; injuries can be sustained from the trail, equipment or from items on the trail such as holes, bumps, ruts, obstacles, tree limbs and branches or rocks; major injuries are a risk as are bruises and sprains; transmissible pathogen or disease; Traveling to and from activity locations raises the possibility of any manner of transportation accidents.

Furthermore, MWTS personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. Additionally, I agree to wear a properly fitted and secured certified helmet while participating in this activity.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless MWTS from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of MWTS's equipment or facilities, **including any such claims which allege negligent acts or omissions of MWTS.**
4. Should MWTS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against MWTS, I agree to do so solely in the state of Nevada, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MWTS on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at MWTS. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of the following minor(s): (print name(s)) \_\_\_\_\_  
being permitted by MWTS to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MWTS from any and all claims which are brought by, or on behalf of minor(s), and which are in any way connected with such use or participation by minor(s).

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_