



MID RIVERS
SADDLE CLUB

Class Registration Form 2012 Youth Rider 18 & Under

One Registration Form per Horse/Rider Combination

Rider Name _____

Horse Name _____ *Show Number _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

**Horse Number stays with horse regardless of rider*

Classes: Please Circle "SAT" and/or "SUN" of the classes you are entering

| | | |
|-----|-----|--------------------------------|
| SAT | SUN | Grand Entry 9:45 (FREE) |
| SAT | SUN | 1. Mare Halter |
| SAT | SUN | 2. Gelding Halter |
| SAT | SUN | 5. Youth Showmanship |
| SAT | SUN | 9. Youth HUS Walk Trot |
| SAT | SUN | 11. OPEN HUS Walk Trot |
| SAT | SUN | 13. Youth HUS |
| SAT | SUN | 15. OPEN HUS |
| SAT | SUN | 18. Youth Equitation |
| SAT | SUN | 22. Specialty Class |

| | | |
|-----|-----|-----------------------------|
| SAT | SUN | 25. Youth Western Walk Trot |
| SAT | SUN | 28. Jr. Western Walk Trot |
| SAT | SUN | 29. Sr. Western Walk Trot |
| SAT | SUN | 31. Youth Western Pleasure |
| SAT | SUN | 33. Jr. Western Pleasure |
| SAT | SUN | 34. Sr. Western Pleasure |
| SAT | SUN | 37. Youth Horsemanship |
| SAT | SUN | 41. Youth Trail |

| | |
|---|-----------|
| Saturday Number of Classes _____ x \$5 or Member All Day Fee \$40 | \$ |
| Sunday Number of Classes _____ x \$5 or Member All Day Fee \$40 | \$ |
| Office Fee (Non-Members) \$5 | |
| Specialty Class _____ x \$10 | \$ |
| Horse Stalls: Day Stall _____ x \$20 Overnight Stall _____ x \$30 Weekend Stall (Fri/Sat Am – Sun Pm) _____ x \$50 | \$ |
| Tack Stalls: Day Stall _____ x \$20 Overnight Stall _____ x \$30 Weekend Stall _____ x \$50 | \$ |
| Shavings: _____ x \$8 (2 bag minimum for any Overnight, 1 bag for day) | \$ |
| Hard Copy Pattern Book _____ x \$10 | \$ |
| Extras \$ _____ Raffles\$ _____ | \$ |
| TOTAL | \$ |

Amounts \$ _____ Check # _____ Cash \$ _____

Mid Rivers Saddle Club — 2012 Release of Liability

The Mid Rivers Saddle Club, its officers, members, employees, and agents will not be responsible for any damages to person, animal, or property at the Therapeutic Horsemanship riding center or its grounds, nor will they be responsible for any property lost or destroyed. The undersigned rider/parent/guardian/clinic participant hereby releases the NEC and the Mid Rivers Saddle Club, its officers, members, employees, and agents from any and all liability, claims and damages whatsoever (including costs, expenses, and attorney's fees) that might result from damages, injuries, or losses to their person or property during, or in connection with, or arising out of any show, clinic, event or function, whether or not such damages, injuries, or losses result directly or indirectly from the negligent act or omission of such released parties.

WARNING: UNDER MISSOURI LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR THE INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

In exchange for the use of property owned by the NEC and other valuable consideration, I agree that my use of the premises and any animals, facilities, or equipment owned by the NEC or Mid Rivers Saddle Club is at my own risk. I further agree to indemnify and hold harmless the NEC and Mid Rivers Saddle Club, their respective officers, members, employees, and agents from any and all suits, actions, or claims of any type arising from my use of the premises or participation in the equine activity of such use by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnified parties or otherwise.

I acknowledge that riding and involvement with horses is a high-risk activity. I have read this agreement and fully understand its content.

PLEASE SIGN HERE: _____

(legal guardian if participant is under 18 years of age)

PRINT NAME OF PARTICIPANT: _____ Date: _____



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SADDLE CLUB**