



June 22-25, 2020

Equestrians Institute Driving 2020 Combined Driving Clinic

Donida Farm, Auburn, WA

Name: _____
 Address: _____
 City, State, Zip: _____
 Email: _____
 Phone: _____
 Navigator: _____

Medical armbands or Road ID are required for all participants.

Helmets and safety vests are required for marathon activities.

Questions?
 Contact Diana
diana@einw.org
 425-466-4845

Please Circle: Driver Auditor

If auditing, please indicate which days: (please circle)

Monday Tuesday Wednesday Thursday

Equine class I'm bringing: (Circle all that apply) Horse Pony Small Pony VSE				Turnout I'll be driving: (Circle all that apply) Single Pair Multiple (Tandem, Unicorn, Four)			Division I'd like to work at: (Circle all that apply) Training Prelim Intermediate Advanced			
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Equine Name	Age	Height	Sex	Color	Breed	Clinic Driver Fee: \$800	\$ _____
						EI member discount** Subtract \$100	(\$ _____)
						OR	
						Audit fee: # days _____ x \$30 =	\$ _____
						EI member discount**	
						Subtract # days _____ x \$10 =	(\$ _____)

Approx. arrival time: _____ <small>(Stalls available starting at 1 PM)</small> Please stable near: _____ Truck + Trailer length _____ <small>(Truck + trailer length is required when submitting entry)</small>	Pay by check payable to "Equestrians Institute" or pay by credit card at PayPal.me/eidriving (Add \$25 credit card service fee) Mail entries to: Dorothy Whiteman 177 Newman Creek Rd. Elma, WA 98541	Stall fee: # of stalls _____ x \$150 = \$ _____ Additional stall nights (if approved) # stall-nights _____ x \$35 = \$ _____
		OR
		Haul-in fee: \$25 per stall per day _____ \$ _____ Extra Shavings: #bags _____ x \$10 = \$ _____

Special Considerations: (such as medical restrictions, sharing equipment or navigator, etc.) _____ _____ _____	Medical armband: \$10 each \$ _____ Donation: EI is a 501(c)(3) Non-Profit org. \$ _____ Total Fees Owed: \$ _____ A \$250 deposit will hold your place as a driver in the clinic. Full amount is due by April 20.
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Entry Checklist: <input type="checkbox"/> Signed entry with fees? <input type="checkbox"/> All blanks filled in? <input type="checkbox"/> All signatures provided? <input type="checkbox"/> Vaccination/Vet papers included? <input type="checkbox"/> Truck + Trailer length entered? <input type="checkbox"/> Para-driving cert. (if applicable)	** Join EI today and get the EI member discount. To join, go to our website at www.einw.org
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Equestrians Institute Driving Liability Waiver/Hold Harmless Agreement

Assumption of Risk, Waiver and Indemnification This document waives important legal rights. Read it carefully before signing. I AGREE in consideration for my participation in this Equestrians' Institute Competition to the following: **I AGREE that “Competition” as used herein includes the Licensee and Competition Management, Equestrians Institute as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and property owners.**

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. (“Harm”). I AGREE to **hold harmless** and release the Competition as well as from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm **of any nature** caused by me or my horse to others, even if the Harm arises or results resulted, directly or indirectly, from the negligence of the Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse **while** at the Competition. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I AGREE that the “Competition” as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I represent that I have the requisite training, coaching and abilities to safely compete in this competition. **BY SIGNING BELOW, I AGREE** to be bound by all applicable rules and all terms and provisions of this entry blank.

Participant Name (Please Print)	Signature (Parent/Guardian if under 18 years of age)	Date	
Navigator Name (Please Print)	Signature (Parent/Guardian if under 18 years of age)	E-mail	Date
Navigator Name (Please Print)	Signature (Parent/Guardian if under 18 years of age)	E-mail	Date
Navigator Name (Please Print)	Signature (Parent/Guardian if under 18 years of age)	E-mail	Date