



# Equestrians Institute Driving

## 2020 Driving Trial

September 19-20, 2020

Donida Farm, Auburn, WA

Driver: \_\_\_\_\_ Medical armbands or Road ID are required for all participants. Helmets and safety vests required for marathon.

Address: \_\_\_\_\_ Horse Owner: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Navigator: \_\_\_\_\_

Phone: \_\_\_\_\_ Questions? Contact Diana [diana@einw.org](mailto:diana@einw.org) Email: \_\_\_\_\_

Phone: \_\_\_\_\_ 425-466-4845 Phone: \_\_\_\_\_

Class: (Circle)				Turnout: (Circle)				Division: (Circle)			
Horse	Pony	Small Pony	VSE	Single	Pair	Multiple (Tandem, Unicorn, Four)		Training	Prelim	Intermediate	Advanced
<b>Equine Name</b>	<b>Age</b>	<b>Height</b>	<b>Sex</b>	<b>Color</b>	<b>Breed</b>		Entry fee \$165 \$ 165 EI member discount** Subtract \$20 (\$_____)				
							Post entry fee (call first) add \$50 \$_____ Stall fee \$80 x # of stalls _____ = \$_____ Add'l nights \$35/stall-night if approved OR Haul-in (with day stall)				
First-time competitor? (Circle)      Yes      No Approx. time of arrival: _____ Please stable near: _____ Special considerations: _____ Truck + Trailer length: _____	Pay by check payable to "Equestrians Institute" or pay by credit card at PayPal.me/eidriving (Add \$10 credit card service fee)  Mail entries to: Dorothy Whiteman 177 Newman Creek Rd. Elma, WA 98541  ** Join EI today and get the EI member discount. To join, go to our website at <a href="http://www.einw.org">www.einw.org</a> and select Join EI						\$25 x # of stalls _____ x # of days _____ = \$_____ Extra Shavings: #bags _____ x \$10 = \$_____ Medical armband at \$10 each \$_____ Golf Cart – Limited Availability 2 person golf cart = \$165 4 person golf cart = \$250 \$_____ Donation EI is a 501(c)(3) Non-Profit organization \$_____				
<b>Special Considerations:</b> (such as dietary or medical restrictions, sharing equipment or navigator, etc.)							Total Fees Enclosed \$_____				
<b>Entry Checklist:</b> <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"/> Para-Driver certification? (if applicable) <input type="checkbox"/> Pony/VSE measurement card?							<b><u>Final stall cleaning included in stall fee</u></b>				



# 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.

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