



June 24-27, 2019

# Equestrians Institute Driving 2019 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](mailto: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				
<b>Equine Name</b>	<b>Age</b>	<b>Height</b>	<b>Sex</b>	<b>Color</b>	<b>Breed</b>	<b>Clinic Driver Fee:</b> \$800      \$ _____ EI member discount** Subtract \$100    (\$ _____) <p style="text-align:center;"><b>OR</b></p> <b>Audit fee:</b> # days _____ x \$30 =      \$ _____ EI member discount** Subtract # days _____ x \$10 =      (\$ _____) <b>Stall fee:</b> # of stalls _____ x \$150 =      \$ _____ Additional stall nights (if approved) # stall-nights _____ x \$30 =      \$ _____ <p style="text-align:center;"><b>OR</b></p> <b>Haul-in fee:</b> \$25 per stall per day      \$ _____ <b>Medical armband:</b> \$10 each      \$ _____ <b>Donation:</b> EI is a 501(c)(3) Non-Profit organization      \$ _____ <p style="text-align:right;"><b>Total Fees Owed:</b>      \$ _____</p> A \$250 deposit will hold your place as a driver in the clinic. Full amount is due by April 20.					
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>				Make checks payable to: Equestrians Institute  Mail entries to: Leslie McGinnis 32917 NE 134 <sup>th</sup> St. Duvall, WA 98019							
<b>Special Considerations:</b> (such as medical restrictions, sharing equipment or navigator, etc.) _____ _____ _____											
<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"/> Truck + Trailer length entered?						** 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>					



# 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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<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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