



## 2021 Clinic Entry Form

One entry per attendee

**\*\*\*SIGNATURE REQUIRED FOR VALID ENTRY\*\*\***

Entries open one month prior to clinic date and must be received by the Saturday, which is 8 days before clinic date. Additional entries will be accepted until day before the clinic based on space availability on a first come first serve basis (call clinic organizer). Entry fees are refundable prior to closing date only. Please fill out the below information and make checks payable to **Equestrian Institute**. Mail completed form to clinic organizer Laurie McLaughlin at 38611 186<sup>th</sup> Ave SE, Auburn, WA 98092

Name of Sponsor Contact \_\_\_\_\_ Current EI Member Yes/No

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, Zip \_\_\_\_\_ Email \_\_\_\_\_

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Fee Enclosed \$ \_\_\_\_\_

Every entry at a clinic shall constitute an agreement and affirmation that the person making it, whether the attendee or parent of a minor shall be subject to: 1) the rules of Donida Farm Equestrian Center and Equestrian Institute; 2) are bound by the rules of Donida Farm Equestrian Center and Equestrian Institute and will accept as final the decision of the clinic management on any question arising under said rules and agree to hold Donida Farm Equestrian Center, and Equestrian Institute, and their officials, directors, agents, employees and volunteers harmless for any action taken; 3) acknowledge that they participate voluntarily in the clinic fully aware that horse sports including clinics involve inherent dangerous risks, and by participating they expressly assume any and all risks of injury, loss, or death, and they agree to hold harmless Donida Farm Equestrian Center and Equestrian Institute and their officials, directors, employees, volunteers and agents for any injury, loss, or death suffered during or in connection with the clinic, whether or not such injury or loss resulted directly or indirectly, from the negligent acts or omissions of said officials, directors, employees, volunteers or agents of the clinic, Donida Farm Equestrian Center or Equestrian Institute. The laws of state of Washington govern the construction or application of said rules.

Signature of Attendee \_\_\_\_\_

Print Name of Attendee \_\_\_\_\_

Permission for minor to attend clinic: I hereby consent to the entry of my child to attend the clinic and certify that I have read the foregoing statement and hereby accept responsibility for participation of said minor.

Signature of Parent \_\_\_\_\_

Print Name of Parent \_\_\_\_\_