

# Collinswood Schooling Show

**OWNER**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (    ) \_\_\_\_\_

I agree and understand the agreement below. Parent or Guardian must sign for minor.

Signature X \_\_\_\_\_

**RIDER**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (    ) \_\_\_\_\_

I agree and understand the agreement below. Parent or Guardian must sign for minor.

Signature X \_\_\_\_\_  
(must be present on show grounds)

TRAINER'S NAME \_\_\_\_\_

HORSE'S NAME

RIDER'S NAME

NUMBER OF TICKETS

**RELEASE OF ALL LIABILITY**

The undersigned makes this release of all liability: (1 ACKNOWLEDGEMENT OF RISKS; I understand that there are substantial risks and dangers inherent in riding and jumping horses. I further realize that dangers may arise at any time, anticipated or unanticipated, including dangers to my life, my horse's life and to those around me. It includes injuries to myself and/or my horse or others, from any negligence of others, from the conditions of the premises and from other causes known and unknown to myself and others. 2) ASSUMPTION OF RISK/RELEASE OF LIABILITY: As part of the consideration for the service provided by Collinswood, Sally Collins, together with any of her employees and /or volunteers, and Stanwood Equestrian Center together with any of its employees and volunteers, I hereby voluntarily assume all risks and danger of injury, harm or damages to my person or my property, including my horse, resulting from or arising out of the boarding and showing of my horse at Collinswood and/or Stanwood Equestrian Center; my horse's escape from Collinswood and/or Stanwood Equestrian Center; theft of my horse or property, the use or riding of my horse or use of equipment on or from Collinswood and/or Stanwood Equestrian Center property or any other cause in connection with the the use or boarding of my horse on or about Collinswood and/or Stanwood Equestrian Center property. I further release and discharge Collinswood and/or Stanwood Equestrian Center, Sally Collins, and Ken and Bobbi Walker and any of their employees and volunteers from all liability or any harm, injuries, or damages binding on myself as well as any of my heirs, personal representatives and successors damage that may happen to me or my horse; or my equipment; arising directly or indirectly on the Stanwood Equestrian Center or Collinswood property or in the stable whether or not arising from negligence of Collinswood or Stanwood Equestrian Center. This release is binding on myself, as well as my heirs, assigns personal representative and successors. I HAVE READ AND UNDERSTAND THIS RELEASE OF ALL LIABILITY AND SIGN IT AS MY VOLUNTARY ACT WITH FULL UNDERSTANDING.

Release of Liability Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Parent's Signature of minor child: \_\_\_\_\_ Date signed: \_\_\_\_\_

*Mail entries to:*  
**COLLINSWOOD**  
**P.O. Box 1592**  
**Stanwood, WA 98292**

*Make checks payable to:* **COLLINSWOOD**  
**NO REFUND UNLESS DISABILITY OF ENTRY. VET CERTIFICATES REQUIRED PRIOR TO SHOW.**

Stabling: \_\_\_\_\_

Schooling: \_\_\_\_\_

Entry Fees: \_\_\_\_\_

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

Please check here if you would like to be added to our mailing list