

COME ENJOY A GREAT DAY OF FUN WATCHING  
 EVERYONE RIDE AND ENJOY THE HORSES!!  
 Let's have some fun!!

# ENTRY FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Instructor: \_\_\_\_\_

Class #	Horse Choice			Fee	Horse Cg
	1)	2)	3)		
	1)	2)	3)		
	1)	2)	3)		
	1)	2)	3)		
	1)	2)	3)		
	1)	2)	3)		
			<b><u>TOTAL</u></b>	\$	\$

## ENTRY FEES MUST ACCOMPANY THIS FORM



### WARNING

Under Kansas law, there is no liability for an injury to or death of a participant in domestic animal activities resulting from the inherent risk of domestic animal activities, pursuant to Section 1 through 4. You are assuming the risk of participating in this domestic animal activity.

I, hereby release WICHITA RIDING ACADEMY, INC., its executives, owner, and employees from any and all liability for injury that may be received while preparing to ride, mounting, riding, show handling, dismounting, or returning the horse; and , any other activities not enumerated, but which may pertain to my "riding" a horse. This release is total and without reservations on my part.

By signing this form, I acknowledge that I have read and understand the form.

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
 Parent or Legal Guardian, if under 18 years of age

A signed release form must be on file or attached