

2021 Pierce Co BCHW PRIZE RIDE PRE-REGISTRATION REQUIRED

Email registrations to: pccbchSecretary@outlook.com

PAYMENTS & SIGNATURES TO BE MADE @ EVENT



Name: _____

Phone: _____

Email: _____

Address: _____

Emergency Medical Release:

Date: _____ Health Insurance: _____

Emergency Contact: _____ # _____

Medical Conditions: (allergies, etc) _____

Liability and Publicity Release:

I hereby waive and release any and all rights and claims for damage which I may have against the Pierce County Chapter of BCHW (PCCBCH), the location and owners at which the event will take place, as well as any other person connected with the event, their heirs, executors, administrators, and assignees for any and all injuries, personal or property damages or losses which I may suffer from taking part in the event or as a result thereof. Warning: Under Washington law (RCW 4.24.530, Limitations on Liability for equine activities), an activity sponsor or equine professional staff shall not be liable for an injury to or death to a participant engaged in an equine activity, nor may he or she maintain an action against or recover from any equine professional for an injury to or death while engaged in an equine activity. I give my consent for PCCBCH or BCHW to use my name, likeness, voice or biographical information on any photos, sound or video or any other publicity which includes me at this event.

I have read the Emergency Medical Release, Liability and Publicity Release and hereby accept and agree to the terms of the waiver of all rights and claims for damages, as well publicity release.

(YOU WILL BE REQUIRED TO SIGN THIS FORM AT THE EVENT) SIGNATURE _____

Address: _____ DATE _____

Signed Parent or Guardian: _____

Minor Name: _____ Age: _____

Prize Ride Information Below:

1. \$25.00 Donation includes lunch and 3 Tickets _____ @ \$ 25.00 = _____

2. Additional Tickets are \$5.00 each _____ @ \$ 5.00 = _____

3. Additional Lunches are \$5.00 each _____ @ \$ 5.00 = _____

Total:\$ _____

FOR OFFICE USE ONLY

Payment Type: Check _____ Cash _____

Payment Received by: _____ Date _____