



# SMITH VALLEY ROTARY \*\*\* FUN DAYS 2017



Dressler Park Arena \* Wellington \* Nevada

## Trail Trial & Poker Run \* Sunday, October 1, 2017

Registration Opens @ 8:30 a.m. \* Ride Begins @ 10:00

Lunch included for all Riders

Name \_\_\_\_\_ ATTA?

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Name of horse \_\_\_\_\_

### \*\*\*\*\* ENTRY FEE \*\*\*\*\*

\$35 YOUTH (17 & under) \* \$45 ADULT/SENIOR \*

\$25 SCHOOLING (No awards) \* \$15 OUTFRIDER (Not judged)

Please circle division:

**ADVANCED \* INTERMEDIATE \* NOVICE**  
**SCHOOLING & OUTFRIDER (non age specific categories)**

Please circle age category: **YOUTH \* 18-49 \* 50-64 \* 65 & over**

**Youth, In-hand & Schooling divisions will be combined into one class**

\* Youth (17 & Under as of 1/01/17) must be accompanied by an adult rider and are encouraged to wear an approved helmet throughout the ride.

### Release of Liability

I acknowledge that horseback riding is a sport that carries an inherent risk of injury and damage to myself, my horse and/or my property. I knowingly assume all risks, known and unknown, of horseback riding. I hereby release the organizers of this S.V. Rotary Club Trail Trial, its members or volunteers from any and all claims of liability for injury to myself, my animals or my property that may arise from my participation in this Trail Trial. This agreement is binding and will remain so upon my signature. I will agree I will indemnify and hold harmless the organizers of this S.V. Rotary Club Trail Trial against all claims, demands and causes of action, including court costs and attorney fees arising from any proceeding or law suit brought by myself or prosecuted for my benefit in which this release is held. I further agree I have read this Release of Liability and know and understand its contents. I also agree that I understand the rules of this event and will abide by them.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### \*\*\* Minors Age 17 Years & Younger \*\*\*

Name of youth's responsible adult rider for the day: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned parent or guardian, in consideration of my minor's participation in this event, agree that the terms and conditions of the Release of Liability, as stated above, will be binding. I acknowledge that I have read this Release of Liability and know and understand its contents.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

*Please make checks payable to S.V. Rotary Club*  
*For more information contact Jill Fry \*\*\* 775-772-5554*  
*Entry may be mailed to P.O. Box 44, Wellington, NV 89444*