

**ESTREMADO ARENA
GYMKHANA SERIES 2010**

Rider's Name _____ Horse's Name _____
(Complete a separate form for each horse)

Mailing Address _____
STREET CITY STATE ZIPCODE

AGE GROUP:

Please check one:

Super Senior 36 & over: _____ Senior 17 to 35: _____
Junior 11 to 16: _____ Peewee 10 & under: _____ Time Only: _____

PLEASE CHECK BOX FOR EVENTS YOU WOULD LIKE TO ENTER: *(Events are listed in order of occurrence)*

Large Arena events: **Pole Bending** **Texas Barrels** **Jackpot (\$7)**
Small Arena events: **Big T** **Key Race** **Figure 8**



All Age Groups: \$5.00 per event
Time Only: \$4.00 per event
Open Jackpot: \$7.00 (50% Payout in both an "A" & "B" division)
Nomination Fee: \$25.00 per person OR \$60.00 for family
(Pay only once per year, must be paid to qualify for year-end awards)

of Events (not jackpot): _____ x \$5.00 = _____
of Time Onlys: _____ x \$4.00 = _____
Open Jackpot event: \$7.00 = _____
Nomination Fee: \$25 ea. /\$60 family = _____ (one time)

Please list Family Members included in Nomination:

GRAND TOTAL = _____

I, _____ will not hold Estremado & Sons, Inc., Joyce Estremado, Tony Estremado, Julie Estremado, or any of it's associates, responsible for any accidents, injuries, damages, theft, or any liabilities of any kind that might occur while I am on the premises of the Estremado & Sons Inc. I will take full responsibility for all of my actions while riding and when I enter the premises, I will be at my own risk. All activities on these grounds are subject to the Equine Inherent Risk Law ORS 30.687 - 30.697. **BY YOUR PRESENCE ON THESE GROUNDS, you have indicated that you have accepted the limits of liability, resulting from inherent risks of equine activities.**

AMBULANCE RESPONSE

In the event I (named above) am required to have an ambulance called, due to an injury, **I shall be responsible for any costs for the emergency services.** I shall not hold the Estremados or anyone affiliated with the Estremados responsible for any costs occurred by the emergency services. If I cannot give consent to call 911 for emergency services and the management deems it necessary, the patient is still held responsible.

Check box if minor child*

Date: _____

Signed by Participant: _____

Phone#: _____

***Parent:** _____

Email: _____