

**Cowboy Dressage Ride a Test**  
**September 27, 2020 ~ Birt Arena, Nampa ID**  
**Judge: Dee Myers**  
(Please complete a form for each Horse/Rider)

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gender: F M

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Horse: Breed \_\_\_\_\_ Gender G M S

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

List any Medical Emergency Information: \_\_\_\_\_

**Note about Test Choices and Ride Times:** You can change your test choices even the day of the ride, but you will not be able to change between Partnership, Challenge or Open. For example, you can choose Partnership on the Ground 1 here and then the day of the ride change to Partnership on the Ground 2, but you can't change that test to Walk, Jog 1 because the court set up is different. Ride times will be assigned on Friday and emailed, as well as posted at Birt Arena. [Click Here](#) for all test choices available at at Cowboy Dressage World.

<b>September 27 Ride a Test</b>	<b>\$15/Ride</b>		
<b>Test 1 Choice:</b>		\$	
<b>Test 2 Choice:</b>		\$	
<b>Test 3 Choice:</b>		\$	
<b>Test 4 Choice:</b>		\$	
<b>Total Due: (Must be received with entry)</b>		\$	
<b>Pay with:</b> <input type="checkbox"/> Check # _____ <b>Enclosed</b> (Make checks out to <b>Golden Sunset Ranch</b> ) <input type="checkbox"/> Credit Card: <a href="#">Click Here For Secure Credit Card Payment</a>		\$( )	
	<b>RV &amp; Stall</b> <b>Contact Melinda directly at 208-466-1820 or email</b> <a href="mailto:birtarena@gmail.com">birtarena@gmail.com</a>	\$	
<b>OFFICE USE ONLY: Balance Paid by</b>			
	<b>Cash      Check #      Date</b>		

**Be sure to sign and return the release on the reverse side with your completed form.**

Email completed form to: [clinic@goldensunsetranch.com](mailto:clinic@goldensunsetranch.com) or

Mail completed form to: **Golden Sunset Ranch, 15031 Profitt Loop, Baker City, OR 97814**

**Questions? Dee 541-519-2036 or email: [dee@goldensunsetranch.com](mailto:dee@goldensunsetranch.com)**

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*(One Signed Form for Each Rider)*

**Release and Hold Harmless:** This activity is subject to the Idaho Equine Activity Statute, Title 6, Chapter 18 and the Oregon Equine Activities Act, ORS 30.687 to 30.697 and/or any applicable Laws of the State(s) or Province(s) in which the activity is held. The undersigned assumes the unavoidable risks inherent in all equine-related activities, including but not limited to bodily injury and physical harm to equine, rider and spectator.

**Waivers:** I elect voluntarily to participate in this activity in any capacity or as the parent/guardian of a minor participant. I recognize and accept the inherent risks involved in equine related activities and agree to hold harmless the clinicians, organizers, officials, staff, other participants, landowners and their respective affiliate organizations from any liability of any kind or nature for injury or damage which may befall me or my property while traveling to, from or during the designated activity at whatever facility or on whatever property may be utilized for the purpose of this activity.

I recognize that I am responsible and liable for any damages or injury caused by my own negligence or as a result of any action of any animal I bring to the activity. I further recognize that this release shall be binding upon my heirs, executors, successors, trustees, and assigns. Once the activity has begun, no refunds will be issued for withdrawal from the activity, regardless of the reason for withdrawal. **NO DOGS at this facility. Anyone bringing a dog will be asked to leave. No refunds.**

I release to Golden Sunset Ranch all rights and permissions to use any images or videos of me and/or my equine connected with this event and relinquish any right to review or restrict the use thereof for any commercial purposes of Golden Sunset Ranch.

I understand that helmets are *required for riders 17 years of age or under* and are encouraged for all riders.

**I have read and accept the terms above:**

**Please PRINT:**

Participant Name: \_\_\_\_\_ If Minor DOB: \_\_\_\_\_

**Signatures:**

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

Guardian Signature if Minor: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Please initial here if you do NOT want to be included on the mailing list