

**LAKE OSWEGO HUNT
2007 HORSE TRIALS
ENTRY FORM**



HORSE TRIALS DATE: _____

Horse's Name _____ Mare Gelding Stallion (*check one*)

Rider's Name _____

Circle Division: Trot-a-Trail Beginning Novice Novice Training

Circle Age Group: Junior Senior

Entry Fee \$ _____

Stabling _____ Please indicate expected arrival time: Date _____ Time _____

Add'l Tests _____

TOTAL FEES \$ _____

Make checks payable to: Lake Oswego Hunt, Inc.
Mail entries to: Joanne Smets, LOH Horse Trial Secretary
26990 SW 45th Drive
Wilsonville, OR 97070

Release: I understand that this is a high-risk sport and I am participating at my own risk. I hereby release and hold harmless the organizer, organizing committee, judges and officials, the host and property owners from all liability for accidents, damage, injury or illness to horses, owners, riders, attendants, spectators, or any other person or property damage suffered during or in connection with this event. (*Parent or guardian must sign if competitor is under 18.*)

Signature _____ Address _____

Name (print) _____ City, State, ZIP _____

Phone # _____ E-mail _____

We need volunteers! If you or a person with you can help, please fill in the following:

Name: _____ Telephone: _____

Scribe Jump Judge Gate Runner Food Other: _____

THANK YOU!

EMERGENCY MEDICAL RELEASE FORM

(Completion of this form is mandatory if competitor is under 18 years of age.)

If emergency care is required for _____ in conjunction with the Lake Oswego Hunt Horse Trials and if normal permission is not available in a timely manner, the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Related information:

Parent or Guardian _____ Phone _____

Address _____

If parent or guardian is not available contact _____

Family Physician _____

Competitor is allergic to _____

Competitor is taking the following medication _____

Signature _____ Date _____