TDSC 2021 Jackpot Entry Form

Rider Name:	Horse's Name:			
Notes: 1. Jackpot will be t	he random event for the day.			
	En	try Fee: \$10.00		
employees, as well as Jackson County of the Trail Dust of any kind, known or unknown, person future. I know and am aware of the urfuture. I know and am aware of the urfuture of the urfuture, activities, which may result ndemnify and hold harmless Trail Dusthat my participation in these events activity. I also agree on behalf of mys	· Saddle Club from any and all claims, de al, physical, property, or monetary, whic predictable nature and dangerous charv- in injury to property or persons and/or t Saddle Club and Jackson County Oreg will be subject to the rules and regulati	ate of Oregon, it's employees mands, causes of action or ot it h may arise from any activitie interistics of horses, ponies, or death. I hereby agree to as on, their officers, members, cons of the Trail Dust Saddle (successors and assigns. If a	and agents and any other pher liability which arise fro so revents of Trail Dust So and livestock. I understand sume all risks and liability congents, directors, guests, we club and rules and regulation child under the age of 18 is	ersons participation in the production of m on or on account of any loss or damage addle Club at any time now or in the that I will be engaging in inherently issociated with these activities. I agree to olunteers, and employees. I acknowledge has set forth for the particular event or a participating in these activities then the
Signature:				
	Signe	d Waiver of Liability	y	
Officers Initials	Check #		Time	e:
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Signature:			Date: _	
	Signe	d Waiver of Liability	,	_
Officens Initials	Chack #	Cash	Time	5