TDSC 2023 Jackpot Entry Form

Rider Name:	DOB:	Horse's Name:
Mailing Address:		Phone:
Notes: 1. Jackpot will be the ra	ndom event for the day.	
	# Of Jackpot events_1_ x \$:15.00 = _\$15.00_
employees, as well as Jackson County Oregon events and activities of the Trail Dust Saddle of any kind, known or unknown, personal, phys future. I know and am aware of the unprediction dangerous activities, which may result in inju indemnify and hold harmless Trail Dust Sadd that my participation in these events will be activity. I also agree on behalf of myself, my	a political subdivision of the State of Oregon, it's club from any and all claims, demands, causes of ical, property, or monetary, which may arise from able nature and dangerous characteristics of hors by to property or persons and/or death. I hereby e Club and Jackson County Oregon, their officers, subject to the rules and regulations of the Trail Discounts.	t corporation, it's members, officers, directors, agents, volunteers, and employees and agents and any other persons participation in the production of action or other liability which arise from on or on account of any loss or damage any activities or events of Trail Dust Saddle Club at any time now or in the es, ponies, and livestock. I understand that I will be engaging in inherently agree to assume all risks and liability associated with these activities. I agree to members, agents, directors, guests, volunteers, and employees. I acknowledge ist Saddle Club and rules and regulations set forth for the particular event or signs. If a child under the age of 18 is participating in these activities then the dare authorized to sign on their behalf.
Signature:		Date:
	Signed Waiver of	Liability
Officers Initials	Check #	Jackpot Amt. \$
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Officers Initials	Check #	