

**ENTRY FORM**  
**TREASURE HUNT STYLE POKER RIDE**  
**JULY 16<sup>TH</sup> 2022**

**RELEASE OF LIABILITY:**

Parent or guardian must sign if rider is under the age of 18. Minors under age of 18 must wear approved riding helmet.

I enter this event at my own risk and understand that equine events are potentially dangerous and carry inherent risks of injury and/or damage to horse, property or myself. I knowingly assume all risk whether known or unknown of this sport. I hereby release the High Desert Trail Riders, Volunteers, Event management, owners of the facility and their representatives from all liability, loss, theft and injury to horse, rider, their representatives, equipment or vehicles arising out of participation in this horse event. Presentation of this entry with my entry fee shall be deemed acceptance of the above. I have read and understand this liability release.

**OREGON EQUINE LAW:** The limitations on liability provided in ORS 30.691 shall apply to an adult participant in the circumstances listed in subsection (1)(b) of this section if the participant, prior to riding, training, driving, grooming or riding as a passenger upon an equine, knowingly executes a release stating that as a condition of participation, the participant waives the right to bring action against the equine professional or equine activity sponsor for any injury or death arising out of riding, training, driving, grooming or riding as a passenger upon the equine. A release so executed shall be binding upon the adult participant, and no equine professional or equine activity sponsor shall be liable in the circumstances described in subsection (1)(b) of this section except as provided on ORS 30.691 (2)

**SIGNATURE OF RIDER:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMERGENCY CONTACT name & phone:** \_\_\_\_\_

**NUMBER OF POKER HANDS, FIRST 3** \_\_\_\_\_ **X \$20 =** \_\_\_\_\_

**NUMBER OF EXTRA HANDS 4 AND OVER** \_\_\_\_\_ **X \$10=** \_\_\_\_\_

**LUNCH: HEAD COUNT, VOLUNTARY DONATION, HOW MANY?** \_\_\_\_\_

**MAIL YOUR ENTRY EARLY TO RESERVE YOUR PLACE. TRAILER WITH OTHERS IF POSSIBLE  
CHECKS WILL BE DEPOSITED ON JULY 11<sup>TH</sup>. IF CANCELLED BEFORE JULY 11, YOUR CHECK  
WILL BE MAILED BACK. IF CANCELLED AFTER JULY 11<sup>TH</sup> ENTRY WILL BE NONREFUNDABLE.**

**MAKE CHECKS OUT TO:  
HIGH DESERT TRAIL RIDERS  
MAIL TO: CINDI BOEHNER  
15600 SOUTH POE VALLEY RD  
KLAMATH FALLS, OR 97603  
NEED MORE INFORMATION CALL CINDI @ 1-530-260-8121**

**ENTRY FORMS AND RULES  
AVAILABLE AT: HDTRBCH.ORG**