

**Lake Oswego Equestrian Center** *presents*  
**OHSET JUMP CLINIC**  
*at Lake Oswego Hunt*  
*2725 SW Iron Mountain Blvd., Lake Oswego, OR*



*Photo credit: Ella Chedester Photography*

**Sunday, February 2, 2020**

**(time slots available between 2-6:40 pm)**

**Come and practice the 2020 OHSET jump course! Non-OHSET riders also welcome to come and jump.**

*OHSET coaches and trainers welcome to coach during the rounds. If your coach is not available, the Lake Oswego OHSET coach, Marie Dodds, will be on site and is happy to offer coaching for any riders.*

*Lake Oswego Equestrian Center is a non-profit organization supporting equine education through shows, clinics, and other equine educational programs it hosts at historic Lake Oswego Hunt. See [www.loequestrian.org](http://www.loequestrian.org) for more information.*

# LOEC OHSET Jump Clinic at Lake Oswego Hunt

Sunday, February 2, 2020 2:00-7:00 p.m.

(early bird entry closes Jan. 27, 2020)

FOR OFFICE USE ONLY

RIDER

Postmark

Signatures

Amount Paid

Amount Due

Check #:

## RIDER

Name

Address

State

Zip

Phone

Email

Parent/Guardian Name and Phone if Under 18

Status (circle one)

Adult

Junior

OHSET Team (if applicable)

## HORSE

Name

Owner

Trainer (or other Adult Responsible for Horse on LOH Property)

## Ride Times

### Please Choose One:

Please place me in a 40 minute time block with the following rider(s)/Team: \_\_\_\_\_

**OR** Please place me in a time block with other riders at the following height (circle):

2'-2'3"

2'3"-2'6"

2'6"-2'9"

### Please Circle Your Available Times:

I prefer any of the following windows for my time block (please circle *all* times you can make work) and we will schedule your 40 minute block accordingly. 2:00-2:40; 2:40-3:20; 3:20-4:00; 4-4:40; 4:40-5:20; 5:20-6:00; 6-6:40

## FEES

	(before 1/27)	(after 1/27)
40 min Time Block	\$45	\$55

\*Please make checks payable to Lake Oswego Equestrian Center and send with entry form. All horses must be current on vaccines and deworming. LOEC reserves the right to request proof of health records. Send registration and payments by mail by January 27 to: Janice Weis, LOEC, 1260 Hide A Way Lane, Lake Oswego, OR 97034. Early bird registrations will be notified of assigned time block prior to the event. Late registrations will be accommodated on a space available basis; please call after 1/27 to see if there is space. Refunds provided only if management cancels event due to weather concerns. Questions? Marie Dodds: 503-757-5750 or Janice Weis: 503-961-2103.

**\*\*Signatures REQUIRED on next page\*\***

# LOEC OHSET Jump Clinic at Lake Oswego Hunt

## EMERGENCY MEDICAL RELEASE FORM

(to be completed by all riders or rider's guardian/parent if under 18)

If emergency care is required for (rider:) \_\_\_\_\_ in conjunction with a Lake Oswego Equestrian Center event, 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.

### Emergency Contact During Show Hours:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Competitor is allergic to: \_\_\_\_\_

Competitor is taking the following medication: \_\_\_\_\_

Rider Signature (parent or guardian must sign for riders under 18):

\_\_\_\_\_ Date: \_\_\_\_\_

## HOLD HARMLESS AGREEMENT

I AGREE in consideration for my participation in this Event (LOEC OHSET Jump Clinic at Lake Oswego Hunt) to the following:

I AGREE that "the Event" as used herein includes Lake Oswego Equestrian Center (LOEC) and Lake Oswego Hunt (LOH), as well as all of their officials, officers, directors, employees, agents, personnel, and volunteers.

I AGREE that I choose to participate voluntarily in the Event with my horse, as a rider, handler, lessee, owner, agent, coach, trainer, or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Event involve inherent dangerous risks of accident, loss, and serious bodily injury including but not limited to broken bones, head injuries, trauma, pain, suffering or death ("Harm").

I AGREE to hold harmless and release Event Management and the Event from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of Event Management or the Event.

I expressly AGREE to assume all risks of Harm to me or my horse, including harm resulting from the negligence of Event Management or the Event.

I AGREE to defend and to indemnify (that is, to pay any losses, damages, or costs incurred by) and to hold harmless Event Management and the Event with respect to claims for Harm to me or my horse and for claims made by others for any harm caused by me or my horse while at the Event.

I ACKNOWLEDGE that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and I AGREE to all of the above provisions and I AGREE to assume all of the obligations of this Release on the child's behalf.

I REPRESENT that I have the requisite training, coaching and abilities to safely compete in this Event.

BY SIGNING BELOW, I AGREE to be bound by all terms and provisions of this entry blank.

Signature: \_\_\_\_\_ (parent/guardian needs to sign for participant under 18 years)

Date: \_\_\_\_\_