



Playday Entry Form

Sundays – starting at 9 AM

July 9 - August 20

Name: _____ Age: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Horse Name: _____ Coggins #: _____

All checks payable to DSRP. All payments final – no refunds.

Classes - \$10	Lead Line & Walk Only	13 & Under	14 - 18	19 & Over	Open
Barrels					
Poles					
Flag Race					
Stakes					
Office Fee \$10					
Stall Fee \$25					
Grounds Fee \$10					
RV Fee \$30					
Total Fees Due:					

Acknowledgement of Risks: I fully understand and hereby acknowledge that Equine Activities and other outdoor related activities have inherent risks, dangers and hazards. My own or my child's participation in Equine Activities may result in injury, illness or death. These risks may be the result of inherent risks from riding horses or may be caused by the negligence of the City, its agents, or employees, the sponsors or the volunteers, if any, of Equine Activities at Dripping Springs Ranch Park.

Assumption of Risks: I hereby assume all risks of danger or injury to myself and/or my child. I hereby assume responsibility for all losses or damages involving myself or my child regardless of cause. I hereby assume responsibility for all losses or damages involving my operation of any motor vehicles while entering and exiting Dripping Springs Ranch Park. I hereby assume responsibility for all losses or damages involving any horse belonging to me or being used by me or my child at Dripping Springs Ranch Park.

Release from Liability: I, on behalf of myself, my child, my personal representatives, my equipment, my heirs and assigns, hereby voluntarily waive, release, discharge, hold harmless, defend and indemnify the City Of Dripping Springs, its agents, employees, officers, sponsors and volunteers from any and all claims, actions, losses for bodily injury, property damage, wrongful death, loss of services, or otherwise, which may arise from my own or my child's participation in Equine activities at Dripping Springs Ranch Park regardless of any negligent acts or omissions of the City, its agents, officers, employees or volunteers.

Statutory Warning: WARNING: UNDER TEXAS LAW (CHAMPERT 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. Added by Acts 1995, 74th Leg., Ch. 549. 1, eff. Sept. 1, 1995.

Venue: The venue for any dispute arising out of this instrument shall be Hays County, Texas.

I have read this Release and Waiver and by signing it agree with its terms. It is my intention to exempt and relieve the City of Dripping Springs from any and all liability related to my own or my child's participation in any Equine Activities. I understand this waiver is only valid for a fiscal year, October 1 – September 31, and must be renewed annually.

Printed Name: _____ **Signature:** _____ **Date:** _____

Parent/Guardian: _____ **Signature:** _____ **Date:** _____

(If participant is under age 18)

Back # _____ Paid: Cash Check # _____