



Central Washington Dressage Society
 Schooling Show Release Form



As part of the consideration for the services rendered by, or facilities furnished by Central Washington Dressage Society, for the use of the arena, or any other facilities or equipment, I, the undersigned, individually and on behalf of my minor children hereby release all members of Central Washington Dressage Society, their offspring and estates and their agents, employees, and volunteers from any liability or loss damage. It is understood that there are certain risks to horse, rider, and students involved in the lessons and training and in the use of facilities; and I agree to assume full responsibility for all such risks and agree that the above-mentioned parties will not be responsible for any loss, personal injury or damage to me or my children or to horses or property owned or controlled by me, and I hereby indemnify the above-mentioned parties.

Rider Name: _____

Phone: _____ Email: _____

Address: _____ City, State _____ Zip: _____

Rider Signature: _____ Dated: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Address: _____ City, State _____ Zip: _____

Parent/Guardian Signature: _____ Dated: _____

I have signed individually and as a parent/guardian for any minor member of my family.

Mail Completed Forms To:

CWDS 9295 Duffield Rd, Moxee, WA 98936

For Questions Contact:

Cheryl Beaudry: (509) 901-9117

beaudryhorsemanship@gmail.com