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| **For Office Use Only:**  **Form of Payment: ­­­­­\_\_\_\_\_\_\_\_\_\_**  **Check # \_\_\_\_\_\_\_\_\_\_** |

2021 Parry Prairie Youth Ranch Horse Bible Camp

22509 CR 48 Iliff, CO 80736

One Form per Horse/Rider Combination

**RIDER INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

**HORSE INFORMATION**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_S\_\_\_\_G \_\_\_\_M

*Release: Under Colorado Law, an equine professional or event sponsor is not liable for injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 13-21, Colorado Revised Statutes. I/We hereby request to enter the event indicated and agree to abide by the bylaws, standing rules, judging and rules of the respective organizations involved with this event. I/We hereby release Parry Prairie, LLC and other involved organizations, its members and employees, and anyone associated with this event including the clinician(s) from any loss to myself, employees, agents, horses, vehicles, and/or equipment while attending and/or participating in this event. Furthermore, we fully understand and accept the risk and decision to ride without a proper safety helmet and assume all responsibility for minors. The provisions contained herein are hereby made a part of this entry agreement.*

Adult Signature/for Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exhibitor Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exhibitor Meds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my permission to have and EMT/Paramedic and/or Doctor of Medicine or Dentistry provide medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

Adult Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Clinic Fee $200 (includes lunch both days, Saturday dinner, and special camp pack with custom T-Shirt) $200.00**

**T-Shirt Size: XS\_\_\_ S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_**

**Favorite Snacks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Favorite Beverages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Meals: Saturday Lunch $7 x \_\_\_\_ Saturday Dinner$7x\_\_\_\_ Sunday Lunch$7x\_\_\_\_ $\_\_\_\_\_\_\_\_**

**RV Hookup (Electric & Water) Limited Number Available. First come, first served.**

**$10/night Friday Night \_\_\_\_\_\_ Saturday Night \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Outdoor Horse Pen. Limited Number Available. First come, first served.**

**$15/night Friday Night \_\_\_\_\_\_ Saturday Night \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

***Total Due* $\_\_\_\_\_\_\_**

*\*Make checks payable to Parry Prairie, LLC*

**Entries Due by end of Day JUNE 5, 2021. May pay upon arrival at camp.**

**Entry Form is on our website at Parryprairie.com and may be emailed or mail entries to 22509 CR 48 Iliff, CO 80736**

[www.parryprairie.com](http://www.parryprairie.com) Email: [emilydparry1@gmail.com](mailto:emilydparry1@gmail.com) Questions: Emily Parry (970) 520-1069