



INTERMEDIATE W MOUNTED M SHOOTING

Clinic *May 3rd*
2020

To Be Held At
W BAR M RANCH

• 6160 Stateline Rd • Walla Walla, WA •

with Multi World & Regional Champion

TORRIE GRIGGS

CMSA Ladies Level 5

The Intermediate 1 Day Clinic (May 3): is designed for those who have competed in the sport, and want to refine their gun handling skills, horsemanship, and course work, in order to take time off their runs.

A Beginner 1 Day Clinic (May 2): For those with little/no experience. Receive an introduction to the sport of Mounted Shooting, Guns and Safety, & Riding Patterns. Learn a proven method for introducing your horse to gunfire.

For additional information
or to Register, visit

WBarMRanch.com



1 Day Clinic
10am Start Time
\$225 per Rider
Guns & Ammo Provided
AUDITING AVAILABLE
\$25 per person / day
Bring a Sack Lunch -or-
\$7 Lunch available (must pre-register)



W BAR M RANCH INTERMEDIATE MOUNTED SHOOTING CLINIC

May 3, 2020

WALLA WALLA, WA

Clinicians: Torrie Griggs, CMSA Ladies Level 5

SUNDAY, 9AM REGISTRATION / 10AM START

GUNS AND AMMO WILL BE PROVIDED, PLEASE BRING A SACK LUNCH, OR BUY LUNCH FOR \$7

1 DAY CLINIC FEE \$225*

FEES	(Audit Only)	\$ 25	_____
DEPOSIT		\$100	_____
CLINIC BALANCE	(due by 4/15/20)	\$125	_____
LUNCH \$7 PER PERSON	X _____ =		_____
STALL \$15 PER NIGHT	X _____ =		_____
TOTAL FEES:			_____

REGISTER ONLINE &
Pay via the website,
www.WBarMRanch.com

-or- Email completed entry form
to: wbarmranch@gmail.com

-or- Mail your entry form &
Checks payable to:

W Bar M Ranch, LLC
6160 Stateline Rd
Walla Walla, WA 99362

DRY CAMPING IS FREE. DRY CAMPING YES NO

PARTICIPANT NAME: _____

PHONE#: _____ EMAIL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

\$100 Non-refundable Deposit is required to hold your spot in the clinic, balance due before April 15th. Please fill out all information. Youth riders must have a parent's signature. All riders must sign an additional waiver for W Bar M Ranch, LLC at or before registration day.

By my signature, I hereby release W Bar M Ranch, LLC, it's owners, agents, employees, volunteers and Torrie Griggs from any and all liability on account of loss, damage or injury that I or any person whom I allow upon said property may incur. I make this clinic entry at my own risk and am subject to the rules of W Bar M Ranch, LLC, and agree for myself and my representative to be bound thereby.

Clinic participant Signature Date

Guardian of Clinic participant Signature Date

For further information, contact: Karen Wilcox • 509-301-5045 • wbarmranch@gmail.com

www.WBarMRanch.com

RELEASE AGREEMENT

THIS DOCUMENT MUST BE SIGNED BY EVERYONE WHO WISHES TO USE THE PREMISES OF:

W Bar M Ranch LLC.

For the purposes of definition, Premise shall mean

**6160 Stateline Rd
Walla Walla, WA 99362**

In consideration for being permitted to enter and use the premises for myself individually, and for each minor child of which I am parent or guardian, I make the following statements and legal binding promises:

1) I acknowledge and understand that **I am participating in potentially dangerous activity** that includes the use of animals. Further, I acknowledge that there is a possibility that the animals involved in W Bar M Ranch LLC. activities may create a danger for myself and others. I **assume all risk of these** potentially dangerous animals and activities. By signing this release, I agree to waive any claims I may have against W Bar M Ranch LLC. or its owners for any harm caused by engaging in these activities or for any injury suffered on the Premise.

2) **I have inspected or will inspect the Premises** to familiarize myself with any physical features that might be hazards. I will inform and instruct the minor participant for whom I am signing to inspect the Premise. I will use care in all that I do on the premises and will instruct and inform the minor participant to do the same. If I ride, I will immediately tell someone from the Premise if I feel that I am on a horse that I cannot safely control, or if I see someone else in that situation. I will inspect my tack each time I ride and will instruct and inform the minor participant to do the same, prior to mounting. If I feel to be in an area I feel is unsafe, I agree to immediately leave that area. I will inform the minor participant for whom I am signing to do the same. I have read and accept the written arena rules and if I am signing for a minor participant, have instructed and informed the minor participant of the arena rules. I agree that I have received a copy of these rules and/or have read them.

3) By signing this Agreement, **I hereby assume full responsibility** for any injury, death, or property damage, including any damage to the animals that I own or use, that occurs on the Premise. Further, if I am signing for a minor, I hereby agree to assume full responsibility for any injury, death, or property damage, including any damage to the animals that I own or use, caused to the minor that occurs on the Premise.

4) By signing this agreement, I acknowledge that I am entering into a **COVENANT NO TO SUE** for any injury claims or property claims that occur on the Premises, regardless of whether the injury was due to the negligence of any owner or employee of W Bar M Ranch LLC., with the following entities and people: W Bar M Ranch LLC., its owners, employees, volunteers, agents, personal representatives, assigns, or the owners of the property. This includes any force majeure claims.

Initial ____

5) By signing this agreement, I acknowledge that I am agreeing to **RELEASE W BAR M RANCH LLC., ITS OWNERS, EMPLOYEES, VOLUNTEERS, AGENTS, PERSONAL REPRESENTATIVES, ASSIGNS, AND THE PROPERTY OWNERS FROM ALL CLAIMS** that arise from participation in activities with W Bar M Ranch LLC. This does not include claims for intentional torts or crimes.

6) I further expressly agree that the foregoing instrument is intended to be as broad and inclusive as is permitted by the laws of the State of Washington, and that if any portion hereof is held invalid, I agree that the balance shall notwithstanding continue in full legal force and effect.

7) I understand that, if I bring a claim that is barred by this Agreement, the defendant may present this Agreement as evidence that the lawsuit is barred. The defendant will present a motion to dismiss under Washington Rules of civil Procedure rule 12(b)(6). I acknowledge and intend for this to be a valid defense.

VOLUNTARY AGREEMENT: I acknowledge and understand that I am giving up certain legal rights in this document and so is my minor participant. I do so voluntarily. I understand that this is a requirement for me (and my minor participant) to use the facilities and services of the riding facilities.

ENTIRE AGREEMENT: This is the entire Agreement. No oral modifications may be made to this Agreement. If there is a modification to this Agreement, it must be made in writing, signed by the parties, and attached to the original copy of this Agreement.

ATTORNEY FEES: I agree to pay all attorneys fees that W Bar M Ranch LLC., its owners, employees, volunteers, agents, personal representatives, assigns, or the owners of the property may incur defending a claim that is barred by this Agreement.

Signed this _____ day of _____ 20____

PRINT NAME OR PARENT OR GUARDIAN

PRINT NAME OF PARTICIPANT

SIGNATURE OR PARENT OR GUARDIAN

SIGNATURE OF PARTICIPANT

Address: _____

Phone: _____

Email: _____

Initial ____