

The Šúŋkawakǎń Oyáte Horse Camp Registration
August 3rd – Aug 7th 2021

Rider name: _____

Phone: _____

Email: _____

Experience Level: _____

Level requested for rider: _____

Emergency contact: _____

Relationship of above: _____

Emergency contact phone: _____

Horse name: _____

Highest level competed: _____

Horse age: _____ Breed: _____

Horse sex: _____ Horse color: _____

Auditor name: _____

Phone: _____

Email: _____

Notification preference: _____ email _____ phone

Note: By completing and submitting this form I agree that I have read, understand, and agree to comply with the information expressed herein. I also agree that as a condition of and in consideration of acceptance of entry, The Šúŋkawakǎń Oyáte Horse Camp and/or publicity agents of the event may use or assign photographs, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the educational clinic for the promotion, coverage or benefit of the event. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

Signature required: _____

Date: _____

Signature of Parent if under 18 years of age: _____

Date: _____