



Washington County Barrel Racing Association presents

Dixie Classic-Konra Minniear Memorial

March 12-14, 2021

Hurricane, Utah

\$15,200 Added Money plus Average Prizes in Open and Futurity

\$25,000 Future Fortunes Great Basin Regional Championship - NO additional fee



Rider			
DOB	Phone	Email	
Address			<input type="checkbox"/> Check if address has changed
City	State	Zip	

2D - 1 sec split
3D - 1 sec splits
5D - 1/2 sec splits

	Horse 1	Horse 2	Horse 3	Horse 4
Friday				
WCBRA Open Jackpot	\$25	\$25	\$25	\$25
Saturday				
Open 5D - \$5,000 added	\$65	\$65	\$65	\$65
SWBRA co-sanction	\$5	\$5	\$5	\$5
Age Incentive 3D - \$200 added	\$30 C/O only	\$30 C/O only	\$30 C/O only	\$30 C/O only
Sunday				
Open 5D - \$5,000 added	\$65	\$65	\$65	\$65
SWBRA co-sanction	\$5	\$5	\$5	\$5
Age Incentive 3D - \$200 added	\$30 C/O only	\$30 C/O only	\$30 C/O only	\$30 C/O only
TOTAL PER HORSE				

Age Incentives are 0-18, 19-49, 50-? Based on riders age on 3/13/2021

**Time Onlys _____, _____, _____

See time only schedule on website for availability

Mail to: Dixie Classic
394 S. Main Street
Washington, UT 84780

Stall Reservations are on the website: www.dixieclassicbr.com

Total Entry Fees from above	
Pre-paid Time Onlys @ \$5 each	x \$5 =
Processing Fee	\$10
\$10 late fee after 3/3/2021	
TOTAL AMOUNT ENCLOSED	

Signed COVID-19 Release Agreement Required

Credit card payments can be made with 3% fee.
Venmo can be used with no fee @dixieclassic

By signing this document, I agree that I am aware of and will abide by the Rules and Regulations of the Washington County Barrel Racing Association (WCBRA) and the Dixie Classic. In addition, I hereby waive any and all claims which may arise between myself and the WCBRA/Dixie Classic Committee or between myself and third parties (Washington County, agents, members, servants and employees) as a direct or indirect result of my participation in any WCBRA event. Should anyone or any legal entity bring such a claim, I agree to indemnify the WCBRA. My waiver does not include any claim I may have against the WCBRA for monies won as a result of my competitive performance at a WCBRA event. By signing this document, I agree that I have been informed of the Utah Equine Activities Law (U.C.A. §578B-4-201 et seq.) and that there are certain risks inherent to my participation in an equine or livestock activity. I acknowledge that those inherent risks include dangers or conditions which are an integral part of equine or livestock activities, and may include the following:

- The propensity of the animal to behave in ways that may result in injury, harm, or death to persons on or around them;
- The unpredictability of the animal's reaction to outside stimulation such as sounds, sudden movement, and unfamiliar objects; or
- Collisions with other animal or objects; or
- The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. Furthermore, I acknowledge that I am a "participant" in an equine or livestock activity as defined by Utah Code Ann. §578B-4-201 and that my status as a participant will continue through the duration of the entire event. (i.e. even subsequent to my competitive turn).

Signature: _____

Date: _____

WASHINGTON COUNTY LEGACY PARK PARTICIPANT

COVID-19 Assumption of Risk

(Please Print Clearly or Type and fill in all blanks)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ DOB: Month _____ Day _____ Year _____

COVID-19 RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of the above-named individual ("Individual") being allowed to participate in any event at the Washington County Legacy Park, the Individual, and/or the undersigned parent(s) or legal guardian of the Individual, do hereby:

1. RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Washington County or the Legacy Park, their officers, directors, trustees, managers, agents and employees (all of whom are collectively referred to herein as "Releasees") from any and all liability to the Individual, the undersigned, and their personal representatives, assigns, heirs, parents, legal guardians, siblings, and children, and any claims or demands therefore, on account of the Individual's or the undersigned's injury, illness, disease or death from the COVID-19 coronavirus, which occurs as a result of the Individual's or any of the undersigned's entrance onto the grounds of the Legacy Park and/or participation as a contestant, assistant, official or otherwise in any fair event, whether such injury, sickness, disease or death is caused by the negligence or other wrongful conduct of, strict liability or otherwise by, one or more of the Releasees or any contestants, spectators or other individuals at the Legacy Park.
2. AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from any liability, damage or loss (including, but not limited to, attorneys' fees and other defense costs) one or more of them may suffer or incur arising out of or related to the Individual's or any of the undersigned's entry onto the grounds of Legacy Park and/or participation in any events, whether such claim is based on one or more of the Releasees' negligence, breach of contract or warranty, strict liability or other legal theory.
3. UNDERSTAND that Individual's and the undersigned's entry onto the grounds of the Legacy Park and/or participation in events at the Legacy Park during the COVID-19 pandemic contains DANGER AND RISK OF ILLNESS, DISEASE, INJURY OR DEATH TO INDIVIDUAL and the undersigned, that COVID-19 is highly contagious, and that there is INHERENT DANGER in COVID-19 which the Individual and each of the undersigned appreciate and voluntarily assume because I choose to do so. I DO VOLUNTARILY ELECT TO ASSUME AND ACCEPT ALL RISKS inherent in COVID-19.
4. I agree to comply with all federal, state and local laws and regulations and all security policies and procedures of the Legacy Park relating to COVID-19. I understand that the Individual may be denied entrance to and not allowed to participate or continue to participate in fair events based on medical check-in requirements and continuing medical requirements during the duration of the fair. The undersigned agrees that in the event any portion of this document is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect to the greatest extent possible under applicable law. The parents or guardian of the Individual agree that by signing below they are in addition to binding themselves, binding the Individual to the maximum extent permitted by applicable law.

I HAVE READ THIS RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE, AND INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY APPLICABLE LAW.

DATED this ____ day of _____, 2020.

Signature of Individual

Print Clearly or Type Name of Individual

Signature of Legal Guardian (if applicable)

Print Clearly or Type Name of Legal Guardian