



SMILIN'D ARENA & EVENTS

REGISTRATION FORM Wild Henke Showdown

February 1, 2025

Contestant Information:

Rider Name: _____

Horse Name: _____

Parent Name: _____

Your Address: _____

City/State/Zip: _____

Phone: (____) _____ Email: _____

Other Info: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Questions & comments can be directed to Dave @ 320.295.6472 or email ride@smilindarena.com



Registration Payable To:
Smilin' D Arena
131 255th Avenue NE
Belgrade, MN 56312

thank you
for participating in
today's event

In consideration of my registration & Smilin' D Arena's acceptance of my entry, I, myself, heirs, executors & administrators waive & release the event & all sponsors & representatives, officials, workers & volunteers involved from any & all rights & claims for injuries or illnesses suffered by me or my horse in this event; including those which may be attributed to weather conditions &/or hazards of the course. I understand participation in this event is physically strenuous & verify that my horse & I are physically fit to compete. I attest & verify that my horse & I are free of all illness, injury & defects & that our participation is voluntary. I give permission to any of the foregoing to use my photo, or video footage, for marketing purposes & understand that my entry fee is non-refundable.

Warning: Under Minnesota Law, a livestock activity sponsor is not liable for any injury to or the death of a participant in livestock activities resulting from the inherent risks of livestock activities.

Rider Signature: _____

Parent Signature: _____

Today's Date: _____

Cash _____ Smilin' D Arena & Event Representative Use Only
Check _____ Credit Card _____ Square _____ Initials _____