WSCAAdaptive Riding Exhibitor Profile

Must be completed and submitted with Entry Form to compete in 2026 WSCA Championship Show Adaptive Riding Showcase Return form to WSCAAdaptive, 21325 County Rd 117, Rogers, MN 55374

Exhibitor Information
Exhibitor Name (First/ Last):
Exhibitor Date of Birth:
WSCA Saddle Club:
Exhibitor Street Address/ City/ State/ Zip Code:
Email Address:
Phone Number:
Horse's Name:

Parent/ Guardian Information (required if minor or otherwise has a legal guardian)
Name:
Relationship:
Same Contact Info as Exhibitor (YES or NO):
Street Address/ City/ State/ Zip Code:
Email Address:
Phone Number:

Indicate with an "X" in the box(es) under entered class and division. Athletes participate in Assisted Events or Unassisted Events, but not in both.

EVENTS	Assisted	Unassisted
Poles		
Cloverleaf Barrels		
Key Race		

Adaptive Riding Equipment in use by Exhibitor:

Exhibitor has completed ten (10) hours of riding practice/ instruction within the qualifying period of the Western Saddle Clubs Association 2026 Championship Show (8/11/25-8/10/26) *These hours may be completed in practice, lesson, or show. (Please answer YES or NO):

Physician's Referral Form on File with WSCA (Please answer YES or NO)

Please name any Horse Handlers and Riding Assistants who will aid the Exhibitor in the arena:

Minnesota Statute 604A.12
Under Minnesota law, participants who engage in livestock activities assume the risks of engaging in, and legal responsibility for, injury, loss or damage to person or property.

In consideration of the risk of injury while participating in equestrian sports (the "Activity") and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Western Saddle Clubs Association, Inc.

Exhibitor Signature Date

Parent or Guardian Signature (if applicable) Date