



TEAM D03 REGULATIONS

- 1. Sign up by email or regular mail answering the questions on this form. You do not need to scan, just simply email back the answers. Give me some background on yourself, your horse, reason for joining for “Team Member” section of website.**
- 2. Determine how you will donate. (percentage of earnings in the arena, pledge per hour in the saddle, pledge an amount per placing or however would motivate you.)**

Choose one of the three charities below that is close to your heart. If you choose animal rescue, choose which one you'd like to donate or you can split your donation.

1. Cancer (choose one of organizations below)

**American Cancer Society
St. Jude's Children's Hospital
Equine Cancer Society**

2. American Heart Association

3. Animal Rescue (choose one of the organizations below)

**Forever Safe Farms
Best Friends
Northstar Equine Foundation, Inc.**

Or your State's local charity (some States may not have a local charity chosen, as we do not have a State Captain for each State yet)

- 4. Report in weekly or monthly your total donation amount. (not total winnings, total amount that you are donating) So that I can add to our tally. Each “report in” earns you a chance for a Jacket drawing held November 1 and April 1 of every year.**
- 5. Mail checks made out to your chosen charity to the D03 office, I will then mail all checks to each charity by December 1 (At least a \$25 donation is required no matter how you donate). Therefore, you get your tax credit, but, we, as a team show our contribution and strength. On December 1 of every year, we will draw three members from those turning in their charity checks for Year End Rewards. We will also draw a Youth member as well.**

TEAM D03 T-shirt with each committed sign up.



TEAM D03 SIGN UP

Name: _____

Address _____

Email: _____

Please email some info on yourself & your horse for “Rider Profile” on website along with photo emailed to Jackie@dreamingofthree.com.

Charity: _____

Percentage of winnings: _____

Pledge: Per month _____

Pledge: Per hour in saddle _____

Pledge Per Placing: _____

Signature to commit: _____

This signature commits you to the agreed percentage of your winnings in good faith.

Birth Date: _____

Minors (18 yrs and under) need parent’s consent for being on web page and donating. Please fill out Consent Form and return.

Shirt size: Please circle one. _____

Size: s-m-l-xl

Please mail checks made out to your charity by November 15, 2012 to

**Jackie Harris
5700 Corporate Drive, Suite 455
Pittsburgh PA 15237**

You may report your donation amounts as you receive them or monthly to Jackie@dreamingofthree.com if you wish. This info will NOT be posted to your rider profile page, only added to the amount being raised by Team D03 .

Consent Form

Team DO3 Members under 18 are required to have a signed waiver form (below). Without it, the minor will not be able to be on the website. A parent or legal guardian of each minor must read and agree to the following:

I understand that my minor child or ward, _____, is voluntarily donating portions of their winnings to a charity of their choice while competing in equine related sports on TEAM DO3, a nonprofit charitable organization. I attest that I am over 18 years of age and I warrant that I have legal authority to execute this agreement on their behalf. I attest that my child or ward is physically fit and prepared for these events and all related activities. I grant full permission for TEAM DO3 to use photographs provided by parent or Team member, profile information that is provided by parent or Team member and video provided by parent or Team member of these events and these activities, and I hereby waive my right of publicity in connection with such uses.

TEAM DO3 does not provide Insurance coverage for volunteer participants, who are excluded from requirements for such coverage by law. In connection with my child or ward's voluntary involvement in activities for TEAM DO3, I hereby agree, for me and my child or ward, our heirs, assigns, executors and administrators to release and discharge Releasees from all claims, demands and actions for injuries or death sustained to my child or ward and/or damage to or destruction, loss or theft of my property of my child or ward and to the property of others as a result of my child or ward's involvement in such activities, whether or not resulting from my child or ward's negligence or the negligence of any other individual, or from accidents without negligence, or from the intentional actions of other individuals, and I agree to release and hold Releasees harmless from any cause or action, claim or suit arising therefrom.

I attest that my child or ward's attendance and involvement in such activities is fully voluntary, that I am allowing my child or ward to participate at his or her own risk, and that I have read the foregoing terms and conditions of this document. By signing in below, I am agreeing to all stipulations as stated above.

Parent or Legal Guardian's signature: _____ Date: _____

Parent or Legal Guardian's full name: _____

Mailing address: _____

Phone: _____ Fax: _____

Email address: _____

Minor's name: _____ Minor's birth date: _____