

PEAKABOO CORNER CLINIC ENTRY FORM

FRIDAY August 16th 2019

Rider Name: _____ Phone/ text#:: _____

NBEA#: _____ (attach photocopy) Horse: _____

Please indicate the level that you wish to school during the clinic.

- Starter: (max 2'0")
- Pre-Entry (2'6"):
- Entry: (max 2'9")
- Pre-Training: (max 3')

Clinic Fee	Non LTED riders \$50.00
Stall (Tammy Smith's barn) call to arrange	1(506)651-8245
TOTAL PAYMENT	

Send entry form, signed waiver and payment by mail to:
Matthew Straight
532 Route 124
Norton NB E5T 1R4

(make cheque payable to **Matthew Straight**), OR send electronically by email –to matthew_straight@hotmail.com along with e-transfer payment (password: **Clinic**). **Payment must be received in advance no later than August 12th.**

Please note that we will be starting clinic late afternoon on Friday at 3:30 pm. Once entries are in we will advise your start time. Please advise in advance if you have any start time constraints.

ASSUMPTION OF RISK, RELEASE OF LIABILITY AND WAIVER OF CLAIMS

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES- PLEASE READ CAREFULLY

1. I understand that it is my responsibility to ensure that I have entered the appropriate division and have all relevant qualifications. I accept all liability for entering the division as stated on this entry form.
2. I acknowledge that the sport of Eventing is a high-risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge the inherent risk in riding and working around horses, which risks include bodily injury to both horse and rider which can result from normal use, competition or schooling. It is hereby recognized that no helmet or protective equipment can fully protect the rider or horse against all injuries that may be suffered arising from the acknowledged risks.
3. I hereby certify that every horse, Rider and/or driver is eligible as entered and agree for myself and my representatives to be bound by the Constitution and Rules of Equine Canada at this competition. In the event that the competitor participates in a competition where approved headgear is required he/she will wear properly fitted, approved protective headgear complying with European (EN),

British (PAS) North American (ASTM) and Australian/New Zealand testing standards It is understood that competitors not meeting this requirement will not be allowed to compete at these sanctioned competitions.

4. As an **adult** participant, and in consideration of being allowed to participate in this event (or as an Owner or as the Person Responsible for the horse - as the case may be) I hereby assume all risks associated with participation or involvement in the event and I hereby release and save harmless the Organizing Committee, the Canadian Eventing Committee (C.E.) , Brae Fearann Eventing and Equestrian Facility and its volunteers, Directors, representatives, and independent contractors as well as the owners and occupiers of the land upon which the competition is held (the Released Parties) from all responsibility, liability or claims of any nature and kind which I may have against the Released Parties arising from my participation or involvement in this event or from my horses participation or involvement at this event, including but not limited to bodily injury or death to myself or my horse(s) and damage to property arising from any cause whatever, **including the negligence of one or more of the Released Parties.**

I hereby declare that in making this entry that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Signature of Rider: _____ Signature of Owner: _____

Date: _____ Date: _____

Signature of Person Responsible (if different than the Rider or Owner named above):

_____ Date: _____

(If the Rider is under the age of majority the contents of paragraph 4 above are **not applicable**. However, the parent/Guardian of such Rider must also sign below)

I acknowledge as the Parent/Guardian of the minor Rider that I have read and fully understand and agree with the terms and conditions stated in paragraph 1, 2 and 3 above on behalf of _____, and myself.

Parent/Guardian _____ Date: _____

"I/we hereby confirm that there is liability coverage in force with respect to the ownership of the competing horse(s)"

Yes _____ No _____ Signed: _____