



## **CROSS COUNTRY CLINIC**

**May 28, 2022**

Entries close May 23, 2022

Located at

**Brae Fearann Eventing & Equestrian Centre**

2044 Route 3

Harvey, NB, E6K 1L1

Entries and inquiries can be sent to Courtney E. le Roux:

[CourtneyEleRoux@gmail.com](mailto:CourtneyEleRoux@gmail.com)

506 608 8923

**Clinician:** Lori Leach

**Registration Fee:** \$100.00

**Levels:** Starter to Training

# Cross Country Clinic

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### Format

Cross-country clinic with Competition Coach Lori Leach at Brae Fearann Eventing and Equestrian Centre in Harvey, NB. Riders will receive a 1- 1.5+ -hour group cross-country lesson, depending on the size of the group. The information provided on the entry form will be used to divide participants into groups of similar backgrounds and abilities. No refunds without a vet or doctor's note. Ride times will be posted to the Brae Fearann Eventing Facility Facebook page.

### Registration

Fee: \$100.00 per rider

Entries can be sent electronically to Courtney E. le Roux at [CourtneyEleRoux@gmail.com](mailto:CourtneyEleRoux@gmail.com), or by mail to Attn: Courtney le Roux, 2044 Route 3, Harvey, NB, E6K 1L1.

Payments can be made via e-transfer to [CourtneyEleRoux@gmail.com](mailto:CourtneyEleRoux@gmail.com) or by cheque payable to Lori Leach.

### Memberships

All riders are required to provide the following memberships:

- PTSO (NBEA) (<https://nbea.ca>)
- Horse Trials New Brunswick (<https://htnb.org>)

### Biosecurity Policy

For biosecurity reasons, please abide by the following rules:

- Clean up after your horse
- Do not share water buckets
- No hand grazing away from trailer
- Only dump water in designated areas
- No entry into paddocks or barn
- No contact with Brae Fearann horses

### Protective Equipment

A body protector vest is mandatory and must meet or exceed BETA Level 3 body protector standard or European standard EN 13158-2018. All riders must wear ASTM, SEI, EN, AS/NZS, or BSI-approved helmets, with safety harness correctly fastened, at all times while mounted.

### Levels Offered

- Starter/Pewee 0.60m
- Pre-Entry → 0.70m
- Entry → 0.85m
- Pre-Training → 0.90m
- Training → 1.00m



# BRAE FEARANN CROSS-COUNTRY CLINIC REGISTRATION FORM

May 28, 2022

**RIDER NAME:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ PC: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Prov PTSO #: \_\_\_\_\_ PHTA #: \_\_\_\_\_

**Emergency Contact/phone:** \_\_\_\_\_

**HORSE NAME:** \_\_\_\_\_ ☐ Stallion ☐ Mare ☐ Gelding

Breed: \_\_\_\_\_ Height: \_\_\_\_\_ DOB: \_\_\_\_\_ Colour: \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_ Prov PTSO #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ PC: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

If riding more than one horse state horse's name(s) and division(s): \_\_\_\_\_

RIDER INFORMATION	RIDER	HORSE
Have you competed in a Horse Trial, Pony Club Rally, Derby, or H/J Show?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is the highest level you have competed?		
What height of jumps are you comfortable jumping?		
What level would you like to compete at this season?		
What are your goals for this clinic?		
Who are your travel companions?		

## DIVISION

☐ Starter/Pewee (0.60m)

☐ Pre-Training (0.90m)

☐ Pre-Entry (0.70m)

☐ Training (1.00m)

☐ Entry (0.85m)



**BRAE FEARANN CROSS-COUNTRY CLINIC REGISTRATION FORM**  
May 28, 2022

**STABLING FORM**

**EVENT NAME:** Brae Fearann Cross-Country Clinic **EVENT DATE:** May 28, 2022

**DIVISION ENTERED** (T, PT, E, PE, S): \_\_\_\_\_

**RIDER NAME:** \_\_\_\_\_ **Phone/Cell:** \_\_\_\_\_

**PLEASE STABLE WITH:** \_\_\_\_\_

**STABLING REQUIREMENTS – PLEASE COMPLETE ALL SECTIONS AND INDICATE NIGHTS STABLING**

HORSE NAME	STALLION/MARE/GELDING	HORSE SIZE	DATES REQUIRED

**APPROXIMATE TIME OF ARRIVAL:** \_\_\_\_\_ **NEED TACK STALL:** ☐ YES ☐ NO

**RIDER STAYING AT:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**NOTE: HAY AND SHAVINGS ARE NOT PROVIDED.**

**NUMBER OF STALLS:** \_\_\_\_\_

**NUMBER OF DAYS:** \_\_\_\_\_

**COST PER STALL PER DAY:** \$30

**TOTAL STABLING COST:** \_\_\_\_\_

## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY (AR-0103)

For Participants Over the Age of Majority in the Province or Territory in which the Activities are Provided by the Host

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

### Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of Brae Fearann Eventing & Equestrian Centre its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to, competitions, tournaments organized and /or operated by the "Host", riding instruction, coaching and training provided by the "Host" to the Participant.

### Initial Each Item below after Reading and Understanding each item:

- \_\_\_\_\_ 1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
- (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
  - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
  - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
  - (d) the potential of natural or man-made hazards being present that can cause me harm, including communicable disease.
- \_\_\_\_\_ 2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, sickness, disease, medical payments, death, property damage or loss resulting from my participation in "Equine Activities".
- \_\_\_\_\_ 3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
- \_\_\_\_\_ 4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
- (a) to waive all claims that I have or may have in the future against the "Host";
  - (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
  - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
- \_\_\_\_\_ 5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- \_\_\_\_\_ 6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
- \_\_\_\_\_ 7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Tel #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_ PC: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Participant) Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Print Name of "Host" Witness to Signing and Initialing)

\_\_\_\_\_  
(Signature of "Host" Witness) Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY (AR-0103)

For Participants Under the Age of Majority in the Province or Territory in which the Activities are Provided by the Host

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

### The Parent/Guardian Must Read and Understand this Waiver Prior to Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Participant named below with and for the benefit of: Brae Fearann Eventing & Equestrian Centre, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to competitions, tournaments organized and /or operated by the "Host", riding instruction, coaching and training provided by the "Host" to the Participant.

### Initial Each Item below after Reading and Understanding each item:

- \_\_\_\_ 1. I am the Parent/Guardian of the Participant and am executing this waiver on behalf of the Participant in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Participant for all legal purposes.
- \_\_\_\_ 2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
- a. the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
  - b. the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and
  - c. the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
  - d. the potential of natural or man-made hazards being present that can cause me harm, including communicable disease
- \_\_\_\_ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, sickness, disease, medical payments, death, property damage or loss resulting from the Participant's participation in "Equine Activities".
- \_\_\_\_ 4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Participant in the 's participation in "Equine Activities".
- \_\_\_\_ 5. In addition to consideration given to the "Host" for the Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
- a. to waive all claims that the Participant has or may have in the future against the "Host";
  - b. to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Participant, or our "Legal Representatives" might suffer as a result of the Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
  - c. to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the 's participation in "Equine Activities".
- \_\_\_\_ 6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- \_\_\_\_ 7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Participant, and it is binding on myself, the Participant and our "Legal Representatives".

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Tel #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_ PC: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian of Participant)

\_\_\_\_\_  
(Print Name of "Host" Witness to Signing and Initialing)

\_\_\_\_\_  
(Signature of "Host" Witness)