



PEEKABOO CORNER
EVENTING FACILITY

Cross Country Clinic with Chelan Kozak
August 26-27, 2023

Peekaboo Corner Eventing
532 Route 124, Norton NB

Day 1: Flatwork for jumping and Show Jumping

Day 2: Cross Country Jumping

*Must participate in day 1 to attend day 2

Deadline date for Registration: Monday, August 14

Email forms to: Peekabooeventing@gmail.com

Clinic Fee: \$200 (includes 2 days)

On site stabling: \$20/night

Total Amount: _____

E-transfer to : Matthew.Straight@hotmail.com

*Limited on site stabling available- contact Peekaboo Corner via email to arrange (other stabling options locally)

Name: _____ Date of Birth (dd/mm/yyyy): _____

Address: _____

Phone: (Home) _____ (Cell) _____

Email Address: _____

Coaches you have worked with on a regular basis: _____

Horse's Name: _____ Horse's Age: _____

Owner's Name: _____ Owners Contact: _____

Rider HTNB #: _____ Rider NBEA #: _____

DESIRED DIVISION:

☐ Starter (60cm/~2")

☐ EV 85 (Entry ~2'7")

☐ EV100 (Training ~3'3")

☐ Pre-Entry (78cm/~2'5")

☐ EV 90 (Pre-Training ~2'9")

☐ EV105/EV110 (~3'4"- 3'6")

Ride times will be scheduled according to Division and emailed to participants prior to clinic.

LIABILITY WAIVER – Peekaboo Corner Eventing Facility

The Person Responsible must sign below. The person responsible is the individual responsible and accountable for the care, training, custody, and performance of the horse. The person responsible may be an owner, rider, or coach. However, when the rider is a Junior, the rider cannot be the Person Responsible and the Person Responsible may be a parent/guardian.

Person Responsible (please print): _____ Phone: _____

Signature of Person Responsible: _____ Date: _____

I acknowledge that the Equestrian Sport and its competitions are 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 and that no helmet or protective equipment can protect against all foreseeable injury. I further acknowledge that inherent risks in riding and working around horses, which include bodily injury to both horse and rider which can result from normal use, competition, clinics, or schooling.

I hereby assume all risk and I hereby release and absolve the organizers, clinicians, Peekaboo Corner Eventing Facility, National, Provincial, and Discipline Affiliates, Equestrian Canada, the New Brunswick Equestrian Association and their Officials, Volunteers, Officials, Directors, Agents, Representatives and Employees and the Owners and Occupiers of the land upon which the clinic is held, from all responsibility, liability or claims of any nature and kind which I may have arising from the participation in this activity, 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 individuals and organizations referred to herein.

All riders, regardless of age or level or competition, must wear ASTM/SEI or BSI/BS EN approved protective headgear at all times when mounted at Peekaboo Corner Eventing Facility.

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: _____ Date: _____

Signature of Owner: _____ Date: _____

If rider is under eighteen years, the Parent/Guardian must also sign below

I acknowledge as Parent/Guardian of _____ that I have read and fully understand and agree to the terms and conditions stated herein on behalf of _____, and myself.

Signature of Parent/Guardian: _____ Date: _____