



## Cross Country CLINIC

With ANDY WADOWSKI

Wed., June 23<sup>rd</sup>, 2010 - Central Nova, Truro

- \$60.00 Horse Trials/Pony Club members
- \$ 70.00 non-members
  
- Make cheques payable to: Horse Trials Nova Scotia

Rider \_\_\_\_\_ HT/PC Member # \_\_\_\_\_  
Owner \_\_\_\_\_ NSEF/EC# \_\_\_\_\_  
Address: \_\_\_\_\_ Phone/email: \_\_\_\_\_  
\_\_\_\_\_ P.C. \_\_\_\_\_

Name of Horse: \_\_\_\_\_

Rider Level: \_\_\_\_\_

Horse Level: Entry \_\_\_ PT \_\_\_ Training \_\_\_

(Pls circle division) & indicate preference AM \_\_\_\_\_ PM \_\_\_\_\_

### Stabling:

Pam Macintosh (902) 893-2042 or pipemaker1@ns.sympatico.ca

*Mail Form to:*

Andy Wadowski Clinic c/o Kim Elliott-Foster

60 Rockwell Drive, Mt. Uniacke, N.S. B0N 1Z0

Tel: (902) 866-3889 Email: [elliottfoster.kim52@gmail.com](mailto:elliottfoster.kim52@gmail.com)

**Waivers MUST be signed!**

# HORSE TRIALS NOVA SCOTIA

## ACCEPTANCE OF RISK FORM – Waiver MUST be signed!

I acknowledge that horseback riding, in particular, cross-country jumping, is a high risk and dangerous sport, and that I am participating at my own risk in full knowledge that there is some element of risk that an accident could occur and result in injury or death to the rider and/or their mount.

In consideration of participating, I hereby assume all risk and I hereby release and absolve: HORSE TRIALS N.S.; CANADIAN EVENTING AND ITS DIRECTORS; THE PROPERTY OWNERS AND THEIR EMPLOYEES/VOLUNTEERS; AND THE CLINICIAN(s) from all responsibility, liability or claims of any nature or kind which I or my heirs may have arising from my 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 whatsoever, including negligence.

I hereby declare that in signing this document 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.

**\* I/We confirm that there is liability coverage in force with respect to the ownership of this horse(s):** ( ) Yes ( ) No

**Specify** \_\_\_\_\_

**Horse Owner** \_\_\_\_\_  
Please Print

**Rider:** \_\_\_\_\_  
Please print

**Date:** \_\_\_\_\_

**Signature of Parent/Guardian if RIDER is under 18 years of age:**

\_\_\_\_\_  
Please Print