

HORSE TRIALS N.S.

CROSS COUNTRY SCHOOLING DAYS

\$ 50.00 _____ Aug. 10, 2005 - Applewood Farm/

\$ 50.00 _____ Aug. 24, 2005 - Hobby Horse Farm

Clinician: Alexandra Beaton

- **NON-Members ADD: \$20.00/Clinic**
- **PONY CLUB MEMBERS** are offered the same rate as HT members
- Make cheques payable to: **Horse Trials Nova Scotia**
- Clinics must be paid for in advance of clinic date.
- Waivers **MUST** be signed!

Rider _____ HT/PC Member # _____

NSEF # _____

Address: _____ Phone/email: _____

_____ P.C. _____

Name of Horse: _____

Owner of Horse: _____

Preferred Ride Time: _____ am _____ pm _____ eve

Division/Level: _____ PT80 _____ PT _____ Training _____ Prelim

Please **CIRCLE** one. (Starter)

Mail to:

Horse Trials Clinics, Site 22, Box 2, R.R. # 2,

Mt. Uniacke, N.S. B0N 1Z0

Tel: (902) 866-3889

email: kimelliottfoster@eastlink.ca

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