



**HTNS is hosting a clinic with
Ruth Allum**

Sunday, October 23rd, 2022

\$150/lesson (small group lessons approx. 1 ½ hours)

Sambea Farm, 24 Conrad Rd, Lawrencetown Beach, NS. This clinic will be held over stadium fences in the outdoor ring with the indoor ring as backup in case of inclement weather

For the HTNS Clinic, please e-transfer to horsetrialsns@gmail.com

HTNS Clinic Policy

- Clinic entries are accepted on a first come, first served basis
- Clinic entries are not considered complete and will not be accepted without payment in full
- Refunds before clinic entry closing date may be given (minus 10% admin fee) if request is submitted in writing
- After closing date, refunds will only be given with a vet or doctor's note (minus 10% admin fee)
- If a clinic is cancelled by HTNS, full refunds will be given to those who entered
- Every effort will be made to accommodate travel plans, however for scheduling purposes clinic grouping will be at the discretion of HTNS
- For clinics which are held over solid obstacles (ie. cross country jumps), riders must wear a cross country vest

Rider _____ NSEF Member # _____

Owner _____ NSEF Member # _____

Address _____

Phone _____ email: _____

Name of Horse _____ HH. _____

Division/Level _____

(Please indicate jump height you are comfortable with)

Please indicate lesson preferences: Morning Afternoon

Send entries to horsetrialsns@gmail.com

****Registration must be received by Oct 16th. Ride times emailed by end of day October 19th.***

Waivers MUST be signed

HORSE TRIALS NOVA SCOTIA

ACCEPTANCE OF RISK FORM – Waiver MUST be signed!

I acknowledge that horseback riding, in particular, 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.; 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