



The Vernon and District Riding Club welcomes you to come and school over our beautiful full competition courses. Both Hunter and Jumper fences and tracks will be set with complete fill.

**X-Pole to 2'6" Hunters
.75-1m Jumpers**

**Saturday June 20, 2020
Courses open 8:30am - 5:00pm**

**Entries must be in by June 19 and Only pre-registered entries will be accepted
Trainers or Riders may book time slots at 10 Min or 3 rounds per rider**

Contact:

Keelly Gordon onstrideequestrian@gmail.com or 250-307-7288

COVID 19 Protocols and Procedures

- * 50 Person on premises limit enforced
- * Only Essential same home members welcome during riders booked times
- * All Ride times are Pre scheduled and Strictly monitored (3 rounds or 10 min each)
- * Trainers are to book blocks and spaces for all students
 - Jump heights will be adjusted within your time to encourage this
 - Times are booked on first come basis
 - Individual riders welcome to book times
- * Haul in and out encouraged
- * Stabling available, Minimum care takers on grounds outside of booked times.
- * All Trainers, Participants and Family will obey by social distancing rules and regulations, as set by the provincial health authority.
 - Anyone not following these guidelines will be asked to leave the event immediately.
- * Masks are to be worn any time social distancing (6') is not an option

To follow these guidelines the event organizers have the right to limit entries and ask anyone not respecting the rules to leave.



**Priscilla
& company**


LE TACK TRUCK
Equestrian Boutique



Lavington Pellet
LIMITED PARTNERSHIP





**ENTRIES
CLOSE
June 19, 2020**

**Summer Schooling
June 20, 2020**

Registration Form (One entry form per horse/rider combination)
Contact: Keelly Gordon, 250.307.7288, onstrideequestrian@gmail.com

Name of Horse/Pony: _____ Height: _____
 Name of Rider: _____ Birthdate (if under 19 yrs.): _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Rider's E-mail: _____ Name of Trainer: _____
 HCBC # _____ VDRRC Member _____

	Members	Non-Members	Saturday total	Sunday total	Total
Jumper Clear Rounds - 3 Rounds Height:	\$30.00	\$45.00			
Hunter Clear Rounds - 3 rounds Height:	\$30.00	\$45.00			
Box stall (24 hrs)	\$20.00	\$25.00			
Covered Pen (24 hrs)	\$20.00	\$25.00			
Open Pen (24 hrs)	\$10.00	\$15.00			
Stall Cleaning Deposit - Separate Cheque	\$40.00				
Office Fee					\$5.00
FINAL TOTAL (VDRRC does not charge GST)					

Stall Cleaning Deposit required. You are responsible for bedding and fully stripping your stall upon completion of your show. If you choose not to clean out your stall the VDRRC will hold onto your \$40 deposit.

Mail Entries to: Keelly Gordon
 PO Box 614, Armstrong, V0E 1B0
onstrideequestrian@gmail.com
 250 307-7288

Closing date Entries accepted up to day of show, Subject to space
NSF cheques \$50.00 penalty - all balances to be paid in cash

Enclose the following:

- | | |
|--|--|
| <input type="checkbox"/> Completed registration form | <input type="checkbox"/> Stall Cleaning Deposit |
| <input type="checkbox"/> Proof of Horse Council BC 2020 membership | <input type="checkbox"/> Signed and dated VDRRC liability waiver |
| <input type="checkbox"/> Payment for the Final Total | |

Payment enclosed: Cheque (Payable to VDRRC, no post-dated cheques)		Visa	MasterCard	E-Transfer
Cardholder name:	Credit card number:			
Cardholder signature (required):	Expiry date (mm/yr):	CSV:		
E-transfer Sent to info@vernonridingclub.com	Please indicate Rider Name in Comments line of E-transfer			

Please Refer to the Covid 19 Protocols and Policies in this entry package.
 Anyone not following or respecting these rules and social distancing regulations set out by our provincial health authority will be asked to leave the grounds immediately with no refund.



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

For Participants Over the Age of Majority in the Province or Territory in which the Equine 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 the Vernon District Riding Club, 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 trail rides, pack trips and riding instructions 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.

____2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, 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 oTerritory 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".

____8. I confirm that I or no one in my family has been in contact with the Covid 19 virus to the best of my knowledge and do not show any signs or symptoms including, fever, runny nose, cough or other flu/cold like symptoms. If I present with any symptoms I will notify the facility ASAP and not attend any activities rather practice self-isolation.

Please Print Clearly

Print Participant Name _____

Address _____ City _____ Province _____ Postal Code _____

Signed this ____ day of _____, 20____

Signature of Participant: _____

Print Name of Witness to Signing and Initialing) _____

Signed this ____ day of _____, 20____

Signature of Witness: _____



VDRC 2019

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

For Participants Under the Age of Majority in the Province or Territory in which the

Equine 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 Infant 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 Infant Participant named below with and for the benefit of the Vernon District Riding Club, 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 trail rides, pack trips or riding instruction provided by the "Host" to the Infant Participant. Initial Each Item below after Reading and Understanding each item:

- _____ 1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that his waiver be binding on myself and the Infant 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.
- _____ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Infant 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 Infant 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 Infant Participant in the Infant's participation in "Equine Activities".
- _____ 5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree: (a) to waive all claims that the Infant 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 Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant 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 Infant'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 Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".
- _____ 8. I confirm that I or no one in my family has been in contact with the Covid 19 virus to the best of my knowledge and do not show any signs or symptoms including, fever, runny nose, cough or other flu/cold like symptoms. If I present with any symptoms I will notify the facility ASAP and not attend any activities rather practice self-isolation.

Please Print Clearly

Infant Participant's
 Name _____ DOB _____ day/mth/yr
 Address _____ City _____ Province _____ Postal
 Code _____
 Print Parent/Guardian Name _____ DOB _____ day/mth/yr
 Phone (____) _____
 Email: _____
 Signed this _____ day of _____, 20____
 Signature of Parent/Guardian of Infant Participant _____
 Print Name of Witness to Signing and Initialing _____
 (Signature of Witness) _____