

Bill Ulmer Youth Rally Clinic

• August 7, 8 & 9

VERNON DISTRICT RIDING CLUB



Rider Name	Age	Horse Name
Address		
E-Mail Address		
Home Number	Cell Number	
VDRC Membership	Height / Level	
HCBC # (Mandatory)	BCHJA # (Optional)	

	VDRC	NON-MEMBER		TOTALS
CLINIC (1 HORSE / 1 RIDER)	\$275.00	\$325.00		
BOX STALL (Overnight Use *)	\$20.00	\$25.00	NIGHTS X ____	
COVERED PEN (Overnight Use *)	\$20.00	\$25.00	NIGHTS X ____	
OPEN PEN (Overnight Use*)	\$15.00	\$20.00	NIGHTS X ____	
STALL CLEAN OUT DEPOSIT (To be refunded at the end of clinic when stall /pen stripped - Cash or cheque-do not add to clinic fees)	\$40.00	\$40.00		
OFFICE FEE	\$5.00	\$5.00		\$5.00
TOTAL				

Send registration to: Keely Gordon at onstrideequestrian@gmail.com Please call 250-307-7288 for more information

*All Participants are responsible for leaving the stalls / pens stripped at the end of the clinic.

Payment Enclosed:

_____ Cheque Payable to 'VERNON DISTRICT RIDING CLUB'
 _____ e-Transfer to info@vernonridingclub.com - Please note Riders name in comments
 _____ Credit Card; ___ Visa ___ Mastercard

Cardholder Name: _____
 Credit Card Number: _____
 Expiration Date (mo./ yr.): _____
 CVS: _____

Cardholder Signature (required) _____

PLEASE ENSURE THE FOLLOWING IS ENCLOSED / E-MAILED (Application Will Not Be Accepted Until Each of The Following Is Completed)

- Completed registration form
- Horse council membership copy.
- Payment for final 'TOTAL' of the Registration
- Signed and dated Liability Waiver and Participant Declaration form

Team Members:

- 1.
- 2.
- 3.
- 4.

* If you do not have a complete team or enter as an individual leave blank the unfilled spots



Vernon District Riding Club

Participant Declaration of Compliance - COVID-19

Name of participant:	
Parent or Guardian if the participant is under age 19:	
Email:	
Telephone:	

Attention: All participants entering the facility must comply with this declaration.

By signing this document, I agree to follow club staff directives, and engage with all club requirements in VDRC's COVID-19 Safety Plan. Additionally, I hereby acknowledge and agree to respect the following information outlined in this document:

1) Sickness

- a) I will stay home if I am unwell, or if someone in my household is unwell, or is displaying the following symptoms:
 - i) Fever and chills
 - ii) Cough
 - iii) Shortness of breath
 - iv) Sore throat and painful swallowing
 - v) Stuffy or runny nose
 - vi) Loss of sense of smell
 - vii) Headache
 - viii) Fatigue, etc.
- b) I confirm that I have not knowingly been in contact with a person that has a confirmed or suspected case of COVID-19.
- c) I confirm that I have not travelled outside of Canada in the last 14 days. Additionally, I confirm that I have not been knowingly exposed to someone who has travelled outside of Canada in the last 14 days.
- d) I acknowledge there are inherent risks associated with participating in activities. By attending club activities, I understand and assume all risks associated with potential exposure of COVID-19.

2) Personal hygiene:

- a) I agree to follow all personal hygiene requirements set out by my club, including but not limited to: frequent hand-washing and sanitizing, coughing and sneezing into my sleeve, etc.

3) Physical distancing

- a) I agree to practice safe social interactions, by maintaining a minimum distance of two meters between myself and others.

4) Environmental hygiene

- a) I agree to adhere to all club cleaning requirements.

5) Physical modifications

- a) I understand that equipment may be moved in order to facilitate safe social interactions and physical distancing.



Additionally, I understand and agree that if I do not adhere to the requirements set out by my club, I may be asked to leave the club activity in order to protect the health and safety of all involved.

This Participant Declaration of Compliance will remain in effect until GBC determines it is no longer required, based on viaSport, PHO, and WorkSafeBC requirements.

I also confirm that I have signed (Parent or Guardian if participant is under age 19) the Release of liability, waiver of claims, assumption of risks and indemnity agreement.

Signature: _____ Date: _____
Participant

Signature: _____ Date: _____
Parent/Guardian if participant under age 19

