



**Stabling can only
be reserved by
completed entries**

Fox Springs Hunter Derby Training Weekend

June 11 - 13

Registration Form (One entry form per horse/rider combination)
Return Entries to Allison Covert at allisonmcovert@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 # _____ VDRC Member _____

	Members	Non-Members	Number of Rounds	Total
Friday - Jumper Clear Rounds Circle Height: .75m .85m .90m 1.0m	\$20.00	\$20		
Friday - Hunter Schooling Circle Height: 2'3 2'6 2'9 3'0	\$40	\$40		
Saturday - Derby Schooling Circle Height: 2'3 2'6 2'9 3'0	\$40	\$40		
Fox Springs Hunter Derby Training Event	\$40	\$40		
Box stall/Covered Pen Thursday - Saturday night	\$130	\$150		
Office Fee	\$10	\$10	-	\$10
			Final Total	

\$40 Stall Cleaning Deposit Required. Cheque or cash will be required upon arrival. Your deposit will be returned on Sunday once your stall has been stripped. Left over deposits will be donated to the Vernon Pony Club. By signing here you acknowledge the you understand and agree to VDRC's stall deposit policy.

Printed Name: _____

Signature: _____

Checklist:

- | | |
|---|---|
| <ul style="list-style-type: none"> 🍎 Completed registration form 🍎 Proof of Horse Council BC 2021 membership for nonmembers 🍎 Etransfer or Credit Card for the Final Total | <ul style="list-style-type: none"> 🍎 Signed VDRC COVID Attestation Form 🍎 Signed and dated VDRC liability waiver for nonmembers |
|---|---|



Payment Method (please circle one): Etransfer to info@vernonridingclub.com Memo: Hunter Derby

Visa

Mastercard

Cardholder name:	Credit card number:	
Cardholder signature (required):	Expiry date (mm/yr):	CSV:
E-transfer Sent to info@vernonridingclub.com	Etransfer memo - Hunter Derby	

COVID Protocols

All Provincial Health Orders will be in effect.

Viasport outlines that no more than 50 entries are permitted in Step 1 of BC's Restart Plan.

Spectators are not permitted at this time.

Limited camping spaces are available.

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 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".

____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".

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: _____



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".

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) _____