

Introduction to Horse Showing Summer Series

VERNON DISTRICT RIDING CLUB



June and July events
with a wrap up
Finally at our August
Summer Show!

Presented by
Vernon District Riding Club

The Vernon Riding Club would like to invite those who may be new to Horse Shows, new to our club facility or new to jumping to come and experience the horse show layout in an encouraging and educational environment! A combination of Hunter and Jumper courses over inviting fences will be set from poles on the ground to 2'6" Saturday will host Schooling Day for coaches to work with their students over the set course, Sunday will be run in the layout of a horse show for Clear Rounds, and under saddle classes.



June 19, 2021 Schooling Day

June 20, 2021 Clear Rounds Day
Under Saddle Class for Each
Height change

July 17, 2021 Schooling Day

July 18, 2021 Clear Rounds Day
Under Saddle Class for Each
Height Change

Please Stay Tuned for Entry Form

Contact: Keelly Gordon

onstrideequestrian@gmail.com

Jumps will be set from Poles on the Ground to 2'6"

Between each height adjustment an Under Saddle schooling class will be run for any riders within the height group that would like to join. (not mandatory)

Rider's
Tack.Apparel.Supply



Priscilla
& company



Lavington Pellet
LIMITED PARTNERSHIP

Introduction to Horse Showing

Series Event #1

June 19-20 2021

VERNON DISTRICT RIDING CLUB



Registration Form (One Entry per horse/rider combination)

Return Entries to Keely Gordon at onstrideequestrian@gmail.com

Name of Horse/Pony:		Height:	
Name of Rider:		Birthdate (If under 19)	
Address:			
City:	Province:	Postal Code:	
Phone:	Email:		
HCBC:	VDRRC Member:	Trainer:	

	Height Poles - 2'6 ONLY	Members	Non Members	Total
Saturday Schooling Please Contact to Reserve time. 10 Min per horse/rider combination Max 4 Horses in the arena at a time.		\$25	\$30	
Sunday Division (Max 2 Divisions Per Horse/Rider Combination) Division includes 2 Course rounds at same height and 1 Under Saddle Class		\$25	\$30	
Stabling:				
Stall		\$20	\$25	
Covered Pen		\$20	\$25	
Pen		\$10	\$15	
Office Fee				\$10
TOTAL				

\$40 Stall Cleaning Deposit Required. Check, Cash or Credit Card 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 Riding Club. By signing here you acknowledge and agree to the VDRC's stall deposit policy.

Print Name: _____

Signature: _____



Lavington Pellet
LIMITED PARTNERSHIP



Payment Method: (Please Circle one)

Cheque

Credit Card

Etransfer

Visa

Mastercard

Cardholder Name:	Credit Card Number:
Cardholder Signature: (Required)	Expiry Date: (mm/yy) CSV:
Etransfer sent to: info@vernonridingclub.com	Etransfer Memo: Rider Name Intro to Showing

COVID Protocols

All Provincial Health Order will be in effect.

Viasport outlines that not 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".

____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: _____

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) _____

VERNON DISTRICT RIDING CLUB



COVID-19 ATTESTATION AND AGREEMENT

By signing below, the participant (named below) or the participant's Guardian attests that they:

1. Do not knowingly have COVID-19;
2. Are not experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath or malaise.
3. Have not travelled internationally during the past 14 days;
4. Have not frequented a COVID-19 high risk area in the Province/Territory during the last 14 days;
5. Have not, in the past 14 days, knowingly come into contact with someone who has COVID - 19, who has known symptoms of COVID-19 or is self-quarantining after returning to Canada; and,
6. Have been following government recommended guidelines in respect of COVID-19, including practicing physical distancing.

Furthermore, by signing below, the participant agrees that while attending the competition or attending an event at the facility, they:

1. Will follow the laws, recommended guidelines, and protocols issued by the Government of the Province in respect of COVID-19, including practicing physical distancing, and will do so to the best of their ability while attending the competition or attending an event at the facility;
2. Will follow the guidelines and protocols mandated by the competition organizer in respect of COVID-19;
3. Will, in the event that that they experience any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise, immediately:
 - a. Inform the competition organizer; and,
 - b. Depart from the facility immediately.

Print Name: _____ Date of Birth: _____
_____ Participant (print clearly)

Print Name: _____ Guardian (if participant is a
minor)

Signature: _____ Date: _____
Participant or Guardian of Minor

FOR PARTICIPANTS WHO HAVE BEEN DIAGNOSED WITH COVID - 19

By signing below, the participant (named below) attests that they have been diagnosed with COVID - 19, but have been cleared as non-contagious by provincial. Or local public health authorities and has provided to the competition organizer, in conjunction with this COVID - 19 ATTESTATION AND AGREEMENT, written confirmation from a medical doctor of the same.

Print Name: _____ Date of Birth:
_____ Participant (print clearly)

Print Name: _____ Guardian (if participant is a
minor)

Signature: _____ Date: _____
Participant or Guardian of Minor