



ENTRIES CLOSE
April 20, 2021

Spring Schooling

April 30 - May 1, 2022

Registration Form (One entry form per horse/rider combination)

H/J Contact: Nell Elders 250-540-6883 cspstables@hotmail.com

Entries Contact: Kim Donnelly 403-998-1078 kddonnelly2@gmail.com

Entry Mailing address: Nell Elders, 6884 Hwy 6, Coldstream, BC, V1B 3H1

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	Saturday total	Sunday total	Total
Jumper Clear Rounds (2) Height:	\$25.00	\$30.00		-	
Hunter Schooling (10 min) Height:	\$25.00	\$30.00			
Box stall (24 hrs)	\$20.00	\$25.00			
Covered Pen (24 hrs)	\$20.00	\$25.00			
Open Pen (24 hrs)	\$10.00	\$15.00			
Office Fee					\$10.00
FINAL TOTAL (VDRC does not charge GST)					
<p>Stall Cleaning Deposit required. Please include a separate \$40 cheque for stall cleaning made out to Vernon Pony Club. If you chose to clean your stall upon completion of the event, your deposit will be returned to you. Otherwise, all deposits are donated to Vernon Pony Club.</p>					
<p>Mail Entries to Nell Elders, 6884 Hwy 6, Coldstream, BC, V1B 3H1 Email Entries to Kim Donnelly, kddonnelly2@gmail.com</p> <p>Closing date April 20, 2022 NO POST ENTRIES</p>					

Enclose the following:

- 🍏 Completed registration form
 - 🍏 Proof of active Horse Council BC (if not a VDRC member)
 - 🍏 Payment for the Final Total
- 🍏 Stall Cleaning Deposit cheque (if entering via email please bring cheque/cash with you)
 - 🍏 Signed and dated VDRC liability waiver (if not a VDRC member)

Payment enclosed: Cheque (Payable to VDRC, 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	Etransfers include "Spring Schooling" and rider's name in memo line!			

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) _____