

ENTRY FORM percent day

One form for each horse/rider combination

Equine Name	Gender: Mare Gelding Stallion	Fravelling with:				
Owner Name**	HCBC #	VDRC Men	nber?	yes	no	
Rider Name (if not owner)	HCBC#	VDRC Men	nber?	yes	no	
Address	City	Province		Postal Cod	e	
Phone	Email (will be used for updates on the show(s) and for post show survey)					
Birthdate (if under 19 years)						
**If Equine is leased (monies exchanged), used in commercial capacity (rid	ing school etc.) proof of commercial	3 rd -party liab	ility fo	r horse sho	ws required.	
YOUR CHOICE OF TEST – max. 4	Stabling			Test Price	es .	
Test Level & Number & Ring Size	(Please indicate if you'll use	a stall)	VDRC	member \$	25/test	
Example: EC/USDF 2023 Training Test 2 20x60		Non-member \$30/test				
changes of tests NOT be permitted after times released						
1.	□ Yes	\$ pe	er test	x # of tests	S	
	□ No					
2.	1.	Tot	al Tes	t Cost		
3.	arrival:					
3.	dept. date:					
4.		=				
Please list your classes in order of preference. Any special	Stabling					
requirements should be noted	\$10 for day \$20 overnight for VDRC mem.					
	□ \$25 overnight for non \	on VDRC				
	mem.					
	☐ No charge for haul ins					
** back to back means one test immediately followed by the next test	working off trailer		rivince Postal Code how(s) and for post show survey)			
(NO rider between). Should you wish a rider or two between please	working off trailer Please leave stall stripped & cleaned					
indicate here.	Please leave stall stripped & c	leaned				
Administration Fee \$15 VDRC member_\$25 non-member		_				
Sub total (test fees+stabling+admin fee)	Sub total					
GST (5%) x sub total GST # 847516689	GST					
(Test cost + admin fee) x GST 5%						
Sorry we are unable to issue refunds.	TOTAL					
You may offer your time(s) to another rider providing they		_				
have submitted the necessary forms.	List name(s) of rider and horse and state Percentage day on etransfer notes section					
PAYMENT: e-transfer : info@vernonridingclub.com, password: VERNO	DN					
ENTRIES: to Celine Hutchison Majerus email ch123ca@yahoo.ca						
entry form Copy of HCBC for rider & owner Proof of equine's	vaccines () liability form for rider 8	k owner				
Committee for flact & owner Of foot of equine 3	- Tablines of madricy form for macro					



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!

	ving waiver of all claims, release from all liability, assur		greement not to sue ar	nd other terms of this
agreemen	it are entered into by me (the Participant) with and for the	benefit of:	ile.	s directors, officers
the genera	s, volunteers, business operators, agents and site prop ality of the foregoing, "Equine Activities" includes but is r to the Participant.		es (collectively the "He	ost"). Without limiting
Initial Ea	ch Item below after Reading and Understanding	g each item:		
1.	I am aware that there are inherent dangers, hazards a and injuries resulting from these "Risks" are a common mean those dangerous conditions which are an integra (a) the propensity of any equine to behave in ways to them and to potentially collide with, bite or kick oth (b) the unpredictability of an equine's reaction to sunfamiliar objects, persons or other animals and have (c) the potential for other participants to behave in a others, including failing to act within their abilities to	n occurrence. I am I part of "Equine Acti hat may result in inji er animals, people of uch things as sound azards such as substanted	aware that the "Risks" vities", including but no ury, harm or death to p r objects; ds, sudden movement urface objects; at may contribute to in	of "Equine Activities t limited to: persons on or aroun , tremors, vibrations
2.	I freely accept and fully assume all responsibility for damage or loss resulting from my participation in "Equi		sibilities of personal in	njury, death, propert
3.	I agree that although the "Host" has taken steps to red it is not possible for the "Host" to make the "Equine Ac terms of this waiver even if the "Host" is found to be no my participation in "Equine Activities".	tivities" completely s	safe. I accept these "Ris	sks" and agree to th
4.	In addition to consideration given to the "Host" for my executors, administrators and assigns (collectively my " (a) to waive all claims that I have or may have in the fit (b) to release and forever discharge the "Host" from a resulting from my participation in the equine act (failure to use such care as a reasonably prude breach of any duty imposed by law, breach of cont (c) to be liable for and to hold harmless and indeminent costs demands, including court costs and costs of nature or kind arising out of or in any way connected.	'Legal Representative against the "Ho il liability for any persivity due to any cau nt and careful personant and careful personant or mistake or en ify the "Host" from on a solicitor and over the second of the second in th	es") agree: ist"; sonal injury, death, propuse, including but not on would use under singer in judgment of the "hall actions, proceeding on client basis, and lial	perty damage, or los limited to negligend milar circumstances Host"; and gs, claims, damage bilities of whatsoew
5.	I agree that this waiver and all terms contained herein Province or Territory of Canada in which the "Equine A to the exclusive jurisdiction of the courts of that Provi exercise jurisdiction over the terms and claims referred the Province or Territory of Canada in which the "Equin	Activities" are provide nce or Territory of 0 to herein. Any litigat	ed by the "Host". I here Canada and I agree that tion to enforce this waiv	by irrevocably submat no other court ca
6.	I confirm that I have had sufficient time to read an agreement represents the entire agreement between r Representatives".		-	
7.	I confirm that I have reached the age of majority in the	province in which I a	m participating in "Equi	ne Activities".
Please P	rint Clearly			
Participan	t Name	Date of Birth_	Tel #	
Address_		City	Province	Postal
	(Signature of Participant)	Signed this	day of	, 20
(Print Nan	ne of "Host" Witness to Signing and Initialing)			
	(Signature of "Host" Witness)	Signed this	day of	, 20

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: , 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 riding instruction, coaching and training 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 this 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". 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 Date of Birth City Province Postal Date of Birth_____ Tel #____ Parent/Guardian's Name Province Postal ____ City Address Signed this day of , 20

(Signature of "Host" Witness)

(Signature of Parent/Guardian of Infant Participant)

(Print Name of "Host" Witness to Signing and Initialing)