

HORSE TRIALS N.S.
Presents a clinic with
JEN HAMILTON
Level IV Jumper Coach

When: June 18 & 19. 2011

Where: Central Nova Horse and Pony Association
Salmon River, Truro, N.S.

Cost: \$ 200.00 for HTNS / Pony Club members
Non-Members Welcome, please add \$20.00

This is a Stadium Jumping clinic only, NO cross-country.
Make cheques payable to: Horse Trials Nova Scotia

- Clinics must be paid for in advance of clinic date.
- Waivers **MUST** be signed!

Rider _____ **HT/PC Member #** _____ / _____
NSEF/EC# _____ / _____

Address: _____ **P.C.** _____

Phone/Email: _____

Ride times will be emailed asap in advance of the clinic

Name of Horse: _____ **HH.** _____

Division/Level: _____

(Please indicate jump height you are comfortable with)

Mail to: HTNS Clinics, 60 Rockwell Drive, Mt. Uniacke, N.S. B0N 1Z0
email: clinics@eastlink.ca (902) 866-3889

If stabling is required, please complete the attached stabling information form.

HORSE TRIALS NOVA SCOTIA

ACCEPTANCE OF RISK FORM – Waiver MUST be signed!

I acknowledge that horseback riding, in particular, cross-country jumping, is a high risk and dangerous sport, and that I am participating at my own risk in full knowledge that there is some element of risk that an accident could occur and result in injury or death to the rider and/or their mount.

In consideration of participating, I hereby assume all risk and I hereby release and absolve: HORSE TRIALS N.S.; CANADIAN EVENTING AND ITS DIRECTORS; THE PROPERTY OWNERS AND THEIR EMPLOYEES/VOLUNTEERS; AND THE CLINICIAN(s) from all responsibility, liability or claims of any nature or kind which I or my heirs may have arising from my participation in this activity, including, but not limited to, bodily injury or death to myself or my horse(s) and damage to property arising from any cause whatsoever, including negligence.

I hereby declare that in signing this document that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

*** I/We confirm that there is liability coverage in force with respect to the ownership of this horse(s):** () Yes () No

Specify _____

Horse Owner _____
Please Print

Rider: _____
Please print

Date: _____

Signature of Parent/Guardian if RIDER is under 18 years of age:

Please Print

“I did not get up this morning to watch you fall off, stop, cry or whine!” - Love Jen

“Stay between the standards and over the colored poles.”