



Cross Country CLINICS

With **Megan White**

July 21, 2010 - Hobby Horse Farm

- \$ 60.00 – HT/PC Members
- \$ 70.00 - Non-members

Make cheques payable to: Horse Trials Nova Scotia

Rider _____ HT/PC Member # _____

Owner _____ NSEF/EC # _____

Address: _____ Phone/email: _____

_____ P.C. _____

Name of Horse: _____ Ht. _____

Rider Level: _____

Horse Level: Entry ___ PT ___ Training ___ Prelim _____

(Pls circle division) & indicate preference AM _____ or PM _____

Stabling and Accommodations :

Hobby Horse Farm: Please contact Leslie Wade (902) 679-4538

Mail to: *Horse Trials Clinics c/o*

Sue Ross Tel: 902 680 5733 (c)

Address: 1929 Rosebank Ave.
Halifax, N.S. B3H 4C6

Email: justforme@ns.sympatico.ca

Waivers MUST be signed

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