



## **STADIUM/CROSS-COUNTRY CLINIC** **FEATURING JEN HAMILTON**

*Jen is a Level 4 Equine Canada Master Coach who has taught all over the world, including training with the New Zealand Eventing team. It is expected that spots will fill early.*

**DATE:** Saturday, May 30th and Sunday May 31st

**LOCATION:** Harvey Station (30 minutes from Fredericton)

**FORMAT:** Saturday - stadium on sand / Sunday - cross country

Lessons are approximately 90 - 120 minutes long. Groups will be between 3-5 riders, depending on number of entries. Groups will be divided by horse and rider level and experience.

**COST:** \$175 per horse/rider combination for both days. Please make cheque payable to Lori Leach.

**STABLING:** Limited stabling on grounds at \$30/night and additional stabling near farm. Bring stall guards and your own buckets.

**NOTE:** Jumpers wishing to only do the stadium on Saturday are invited - Cost \$90.

**AUDITORS:** \$5/day

*\*\* Proof of NBEA membership is required.*

*\*\*Proper helmet, footwear and x-c vest is a MUST.*

*\*\*Remember corks for your horse (for Sunday) and bring bug spray for yourself and your horse.*

**Deadline for applications is May 23rd.**

Entries may be scanned and submitted via email to- [fearann@nbnet.nb.ca](mailto:fearann@nbnet.nb.ca). Please send cheque and signed waiver by regular mail by deadline date to farm - 2044 Route 3 Harvey Station, NB, E6K 1L4.

# 2009



## CLINIC ENTRY

The entire form **MUST** be completed with all membership, and registration information (if applicable) and fees.

**Only ONE horse per form.**

**Please PRINT clearly.**

Make cheque payable to  
Lori Leach.

### FEES ENCLOSED

Clinic Entry Fee - \$175	
Jumper (Saturday only) - \$90	
Stabling - \$30 (with confirmation)	
TOTAL	

## Brae Fearann Stadium / Cross-Country Clinic with Jen Hamilton

May 30 and 31 - Deadline May 23rd

RIDER NAME: \_\_\_\_\_

HORSE NAME: \_\_\_\_\_ If stabling, height of horse: \_\_\_\_\_

If riding more than one horse state horse's name and riding order preference: \_\_\_\_\_

### SELECT DIVISION:

- Entry** - (2'6") rider/horse has a little experience and may be thinking of eventing at the Entry
- Pre-training A** - horse/rider has experience riding a x-c course at the Entry level and is thinking of moving up to pre-training.
- Pre-training B** - (3') horse/rider has experience riding a x-c course at the pre-training level and wants to remain at that level this season.
- Pre-training C** - horse/rider has experience riding a x-c course at the pre-training level and wants to move up to training.
- Training**- (3'3") horse and rider are showing at the training level
- Training /Prelim**- (3'6") horse and rider are showing at the training level

**RIDER INFORMATION:** JR YR Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Permanent contact information

Tel: \_\_\_\_\_ Email: \_\_\_\_\_ NBEA # \_\_\_\_\_

**OWNER(S) NAME:** \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_ NBEA # \_\_\_\_\_

### You MUST:

1. Send cheque and signed waiver by regular mail BY DEADLINE date.
2. Send or bring photocopies of NBEA membership card.
3. Submit entry form with all sections completed, including the signature of the owner/agent.
4. Wear an approved helmet, footwear and cross country vest.

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “ For Participants 18 or Older”

Please Print Clearly

Participant’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

**Every Person must Read and Understand this form before Participating in Equine Activities**

TO: Brae Fearann Equestrian Centre and Harvey Eventing Club their directors, employees, officers,  
(Name of Person, Organization or Company providing the Equine Activities)  
volunteers, business operators, and site property owners. (all of them collectively called the HOST)

**Initial each item below After Reading and Understanding the item**

- \_\_\_\_ 1. **I Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “**RISKS**” are a common occurrence.
- \_\_\_\_ 2. **I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
- The propensity of any equine to behave in ways that might 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.
  - 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.
  - The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- \_\_\_\_ 3. **I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities.
- \_\_\_\_ 4. **I Acknowledge** that it remains my **Sole Responsibility** to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits.
- \_\_\_\_ 5. **In addition to consideration given for my Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**
- **To Waive All Claims that I might have against the “HOST”**; and
  - **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I or my “Legal Representatives” might suffer as a result of my Participation due to any cause whatsoever **including any NEGLIGENCE ON THE PART OF THE “HOST”**; and
  - **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form, waives certain legal rights I or my “Legal Representatives” might have against the “HOST”.

SIGNED This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Print Name of HOST Witness to signing & Initialing)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature of HOST Witness)

***Do Not Sign until you Understand All Items Above***

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “ For Participants Not 18 Years Old’

Please Print Clearly

Infant Participant’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Infant’s Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_ Postal: \_\_\_\_\_

Guardian’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian’s Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_ Postal: \_\_\_\_\_

***The Guardian must Read and Understand prior to the Infant Participating in Equine Activities***

TO: Brae Fearann Equestrian Centre and Harvey Eventing Club \_\_\_\_\_ their directors, employees, officers,  
(Name of Person, Organization or Company providing the Equine Activities)  
volunteers, business operators, and site property owners. (all of them collectively called the HOST)

**Initial each item below After Reading and Understanding the item**

- \_\_\_\_ 1. **I am the Parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with **the intent that this form be binding on myself and infant Participant for all legal purposes.**
- \_\_\_\_ 2. **I Understand** there are Inherent **DANGERS, HAZARDS** and **RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “**RISKS**” are a common occurrence.
- \_\_\_\_ 3. **I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
- The propensity of any equine to behave in ways that might 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.
  - 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.
  - The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- \_\_\_\_ 4. **I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.
- \_\_\_\_ 5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.
- \_\_\_\_ 6. **In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**
- **To Waive All Claims that I or the infant Participant might have against the “HOST”;** and
  - **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the infant Participant or our “Legal Representatives” might suffer as a result of the infant’s Participation due to any cause **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
  - **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant’s Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “Legal Representatives” might have against the “HOST”.

SIGNED This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Print Name of HOST Witness to signing & Initialing)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature Host Witness)

\_\_\_\_\_  
(Signature of Parent/Guardian)

**Do Not Sign until you Understand All Items Above**