

# Long Term Equestrian Development Clinic with Alexandra Beaton

June 17<sup>th</sup>, 2017 Strathgartney Equestrian Park Entry Deadline: Monday, June 12<sup>th</sup>

#### CLINICIAN

We are very happy to have Alex Beaton returning to PEI to offer a cross-country jumping clinic June 17<sup>h</sup> at the Strathgartney Equestrian Park to all interested riders. Alex Beaton resides in Wilmot, Nova Scotia. Alex has an extensive Pony Club and Eventing background. She has achieved her Level 2/Competition Coach Specialist certification and her "A" level of proficiency with the Canadian Pony Club. She has also competed at the intermediate level and was long listed for the Canadian 3-day eventing team in the late '80s.

#### **FORMAT**

No previous Eventing experience is necessary, however, you and your horse/pony should be comfortable jumping cross rails and confident riding in an open field. This is an excellent clinic for all horse/rider levels, and especially so for green horses or riders.

Riders will receive a 2 hour group lesson. The information provided on the application form will be used to divide participants into groups of similar background and ability. Your group composition and ride times will be available Thursday evening June 15<sup>th</sup>, on our Facebook page, website and if you include an email on entry form, ride times will be emailed to you. It is your responsibility to know and be on time for your scheduled ride. **No refunds will be given after the 12<sup>th</sup>! Refunds will be given before the 12<sup>th</sup> with doctor/vet certificate only.** 

#### REGISTRATION FEE

One Day Fee: \$100.00 members of Horse Trials (\$120.00 non-members)

#### **INSURANCE POLICY**

All Competitors MUST provide proof of insurance. Off-Island riders must include a photocopy of their PSO insurance and Horse Trials membership with their entry form.



This Event is made possible by funding provided by the PEI Department of Health & Wellness and Island Horse Council.



#### **ALEX BEATON CLINIC ENTRY FORM**

June 17<sup>th</sup>, 2017 Please complete **both** sides of this page.

Rider Name:		Junior $\square$	Senior	<b>-</b>		
Address:						
Email:	Phone:					
Horse Trials Membership #:	PSO (IHC/NSEF/NBEA) Membership #:					
(Off-Island riders please include proof of Horse Trials Membership and Insurance; i.e.: photocopy of card)						
Horse/Pony Name:	Breed:	Age	:	Height:		
Rider Information						
How many years have you been riding?						
Have you ever competed in a Horse Trial, Pony Club Rally or Hunter/Jumper Show?						
If so, what is the highest level you have competed?						
What height of jumps are you comfortable jumping?						
Are you comfortable cantering and galloping when riding in fields or on trails?						
Horse/Pony Information						
Has horse/pony competed in a Horse Tria	ıl, Pony Club Rally Or H	unter/Jumpe	r Show?			
If so, what is th						
What he						
What level would you like to compete at this year?						

Liability waiver must be completed and payment must be included with the application.

Cheques to be made payable to: Horse Trials PEI
E-transfer to: horsetrialspei@gmail.com

Please pay stabling fees directly to the stable; **do not** include with this entry form.

Entry Fee				
☐ \$100 Horse Trials members				
☐ \$120 Non-Members				
Total Fees Enclosed: \$				

Mail entries to:
Deborah Smith
2542 Rte 13 Dock Road
North Wiltshire PE C0A1Y0

## TERMS AND CONDITIONS THIS SECTION MUST BE COMPLETED

### THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES PLEASE READ CAREFULLY

I acknowledge that the sport of Horse Trials and Three-Day Eventing is a high-risk sport and that I am participating in this clinic at my own risk and in full knowledge of the hazards and potential hazards that are inherent in this sport. I further acknowledge the inherent risk in riding and working around horses, which risks include bodily injury to both horse and rider which can result from normal use, competition or schooling.

In consideration of being allowed to participate in this clinic, I hereby assume all risk and I hereby release and absolve the Organizing Committee, Horse Trials Canada Inc., and its affiliated Horse Trials Associations, Equine Canada and their officials, clinicians, volunteers, Officers, Directors, agents, representatives and employees, independent contractors and the owners and occupiers of the land upon which the clinic is held from all responsibility, liability, or claims of any nature and kind which I 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 the negligence of one or more of the individuals and organizations referred to herein.

I hereby declare that in making this entry 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.

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Rider Signature			Owner/agent Signature			
Date			Date			
Ì ackno	wledge as	parent/guardian of_	ne parent/guardian must also sign t that I have rea ted herein on behalf of	ad and fully understand and		
Parent/guardian Signature			Owner/agent Signature	Owner/agent Signature		
Date			Date	Date		
		hat there is liability on the IHC, NSEF or NBE	coverage in force with respect to the (A)	e competing horses		
Yes	No	Signed				