



Long Term Equestrian Development Clinic with Rob Stevenson

May 20th, 2017

Entry Deadline: Monday, May 15th, 2017

Clinician:

We are very happy to offer a great cross-country jumping clinic with Rob Stevenson. Rob Stevenson is from Lakeside, New Brunswick. Rob rode in the 1992 Barcelona Olympics for Canada in Eventing. He is a Level 2/Competition Coach Specialist and Chair of the Eventing High Performance Advisory Group. This will be a fantastic clinic for all levels of horses and riders. All welcome, from first time cross-country riders, to green horses, to Prelim and up riders. For first timers, this will be an excellent opportunity to have a safe and fun introduction to Eventing. Also an excellent way to prepare for the Training Event we are holding the following day, Sunday, May 21st.

Format:

One group lesson (max 4 riders), approximately 1 1/2 hours. Course Walk instruction in evening.

Over-fences Coaching at Sunday's Training Event also included if riders are interested.

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.

Your ride times will be available Thursday, May 18th, on our Facebook page and website. It is your responsibility to know and be on time for your scheduled ride. If you prefer to have your ride time emailed to you, please indicate so on entry form.

Registration Fee

\$100 for Horse Trial members, \$120 for Non-members.

Insurance Policy

All Riders MUST provide proof of liability insurance from their PSO (IHC, NSEF, NBEA, etc). Off-Island competitors must include photocopy of PSO and Horse Trials memberships with their entry form.

Location

Strathgartney Equestrian Park – 18 Strathgartney Road, Bonshaw, PE

Check website www.horsetrialspei.ca and Horse Trials PEI on Facebook for more details.
Or contact Deborah Smith 902 620 1309 ~ eventingbee@hotmail.com



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



LTED Clinic with Rob Stevenson Entry Form

Please complete **both** sides of this page.

Rider Name: _____ DOB: ___/___/___ (if junior)
M D Y

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, or Hunter/Jumper Show? What height?	
What height of jumps are you comfortable jumping?	

Horse/Pony Information	
Has horse/pony competed in a Horse Trial, or Hunter/Jumper Show? What height?	
What height does the horse/pony jump comfortably?	
What level would you like to compete at this year?	

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

Entry Fees

Horse Trials Members	Non-members
\$100 <input type="checkbox"/>	\$120 <input type="checkbox"/>

Email entry form and e-transfer payment to: horsetrialspei@gmail.com

OR

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

Cheques to be made payable to: *Horse Trials PEI*

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.

Rider Signature _____ Owner/agent Signature _____

Date _____

Date _____

I hereby confirm that there is liability coverage in force with respect to the competing horses (Membership with IHC, NSEF or NBEA)

Yes _____ No _____ Signature _____

If the rider is under eighteen years, the parent/guardian must also sign the following:

I acknowledge as parent/guardian of _____ that I have read and fully understand and agree to the terms and conditions stated herein on behalf of _____ and myself.

Parent/guardian Signature _____ Date _____