



HTPEI Presents: Eventing 101 Clinic June 9th, 2018

Entry Deadline: Wednesday, June 6th, 2018

Clinicians:

Michelle Smith, Pearl Macgregor and Laura MacDougall. Michelle is an EC Competition Coach and has experience in Eventing both in the Maritimes and Ontario, competing up to Preliminary. Pearl is an EC Competition Coach who has competed both throughout Canada and the US, spending a couple winters in Florida training and competing with Kyle Carter and has competed up to CCI**. Laura MacDougall is an EC Competition Coach who has experience eventing across the Maritimes up to Training Level with a focus on bringing riders through the introductory levels of the sport. All three coaches recently represented Team PEI at the inaugural ACE Championships in Show Jumping, Dressage and Horse Trials.

Format:

- 2 group lessons (morning and afternoon) covering Dressage, Stadium Jumping and Cross-Country/Pace. Lunchtime BBQ and classroom session included at the park. Please indicate vegetarian or other dietary concerns on your entry form.
- 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, June 7th 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: \$80 for Horse Trial members, \$100 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.

Contact Laura MacDougall 902-303-2638 or seaglass.stablespei@gmail.com

"HTPEI Presents: Eventing 101 Clinic" Entry Form

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

Rider Name: _____ DOB: ____/____/____ (M/D/Y if Junior)

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?	

Please advise vegetarian or other dietary concerns:

If you would like to practice a specific Dressage Test, please state:

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

Horse Trials Members \$80 <input type="checkbox"/>	Non-members \$100 <input type="checkbox"/>
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Send entries to:
Laura MacDougall
1779 Winsloe Road, North Winsloe, PE C1E 2Z1
seaglass.stablespei@gmail.com

Cheques payable to Horse Trials PEI
Etransfers send to horsetrialspei@gmail.com

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 _____