

**E-mail Entry Form to:**Deborah Smith  
eventingbee@hotmail.com**Training Event  
Entry Form**Strathgartney Equestrian Park  
Monday, May 21<sup>st</sup>, 2018

Please complete both sides of this page.

**Mail Entry Form to:**Deborah Smith  
2542 Rte 13  
North Wiltshire PE  
C0A1Y0Rider Name: \_\_\_\_\_ Junior  DOB (if JR)     /    /     Senior 

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

HorseTrials/DPEI Membership #: \_\_\_\_\_ PSO (IHC/NSEF/NBEA) Membership #: \_\_\_\_\_

(Off-Island riders include proof of Provincial Horse Trials Membership and PSO Membership; i.e.: photocopy of card)

Horse/Pony Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

**Eventing Tests****Select Division(s) Entered:** (Max 2 divisions per entry): PeeWee  PreEntry  Entry  PreTraining  Training  Preliminary

\$45/division for Horse Trials members, \$65 for non-members.

IF entering more than one division fees are: \$75 for two divisions for members, \$95 for non-members

**Select Hors Concours Single Phase(s) Entered:** (Max 3 per entry)

(Write Division in top blank box, check phase.)

1.	2.	3.
<input type="checkbox"/> Dressage \$20	<input type="checkbox"/> Dressage \$20	<input type="checkbox"/> Dressage \$20
<input type="checkbox"/> Stadium \$20	<input type="checkbox"/> Stadium \$20	<input type="checkbox"/> Stadium \$20
<input type="checkbox"/> Pace \$20	<input type="checkbox"/> Pace \$20	<input type="checkbox"/> Pace \$20
<input type="checkbox"/> Cross-country \$20	<input type="checkbox"/> Cross-country \$20	<input type="checkbox"/> Cross-country \$20

Division Fees: \$ \_\_\_\_\_

Single Phase Fees: \$ \_\_\_\_\_

Total Eventing Test Fees: \$ \_\_\_\_\_

**Dressage Canada Tests****Circle Test(s) Entered (max 4 tests per entry)**

EC Test Walk Trot				EC Training			EC First Level			EC Second Level		
A	B	C	D	1	2	3	1	2	3	1	2	3
<b>\$20/ Test x _____ (# of tests) = Total Dressage Fees: \$ _____</b>												

Liability waiver must be completed and payment  
must be included with entry form.Cheques are to be made payable to:  
**Horse Trials PEI**For more info you can contact:  
**Deborah Smith**  
eventingbee@hotmail.com  
902 620 1309\$20 Late Fee (after May 16<sup>th</sup>): \$ \_\_\_\_\_

Eventing Tests Total: \$ \_\_\_\_\_

Dressage Tests Total: \$ \_\_\_\_\_

**Total Fees enclosed: \$ \_\_\_\_\_**

**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 Equestrianism 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 \_\_\_\_\_

(If the rider is under eighteen years, the parent/guardian must also sign below)

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 \_\_\_\_\_ Owner/agent Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

I hereby confirm that there is \$ 2 million liability coverage in force with respect to the competing horses (IHC insurance for PEI riders, membership in NSEF or NBEA for others)

Yes \_\_\_\_\_ No \_\_\_\_\_ Signed \_\_\_\_\_