



**Athlete Development Clinic  
with Alexandra Beaton  
August 14-15<sup>th</sup>, 2021  
Strathgartney Equestrian Park  
Entry Deadline: Monday, Aug 9<sup>th</sup>**

**CLINICIAN**

We are very happy to have Alex Beaton returning to PEI to offer a cross-country jumping clinic at the Strathgartney Equestrian Park to all interested riders. Alex has an extensive Pony Club and Eventing background. She has achieved her Level 2/EC 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. Saturday is generally in the arena over show jumps and Sunday on the Cross-country course, but depending on entry numbers and what people are interested in, it may be a one-day only clinic.

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 August 12<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 9<sup>th</sup>! Refunds will be given before the 9<sup>th</sup> with doctor/vet certificate only.**

**REGISTRATION FEE**

One Day Fee: \$90.00 members of Horse Trials (\$100.00 non-members)

Two Day Fee: \$160.00 members of Horse Trials (\$180.00 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.

# ATHLETE DEVELOPMENT CLINIC WITH ALEX BEATON

August 14-15<sup>th</sup>, 2021

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

Rider Name:

Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	Postal Code

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:

Information	Rider	Horse
How many years have you been riding?	<input type="text"/>	<input type="text"/>
Have you competed in a Horse Trial, Pony Club Rally or H/J Show?	<input type="text"/>	<input type="text"/>
If so, what is the highest level you have competed?	<input type="text"/>	<input type="text"/>
What height of jumps are you comfortable jumping?	<input type="text"/>	<input type="text"/>
What level would you like to compete at this year?	<input type="text"/>	<input type="text"/>
Do you have any time restrictions when you can attend? (we will try to accommodate if we can):		
<input type="text"/>		

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**

Entry Fees	
Horse Trials members	Non-Members
<input type="checkbox"/> \$90 One-day Fee	<input type="checkbox"/> \$100 One-day Fee
<input type="checkbox"/> \$160 Two-day Fee	<input type="checkbox"/> \$180 Two-day Fee
If One-day Entry, select day: <input type="checkbox"/> Saturday (jumping) <input type="checkbox"/> Sunday (cross-country)	
Total Fees Enclosed: \$ <input type="text"/>	

**E-Mail entries to:**  
**horsetrialspei@gmail.com**

## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

**Each participant or Parent/Guardian of a minor participant Must Read and Understand this Waiver Before Participating in Equine Activities**

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of: Horse Trials PEI, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to, competitions, tournaments organized and/or operated by the "Host", riding instruction, coaching and training provided by the "Host" to the Participant.

**Initial Each Item below after Reading and Understanding each item:**

1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
- a) the propensity of any equine to behave in ways that may 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;
  - b) 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;
  - c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
  - d) the potential of natural or man-made hazards being present that can cause me harm, including communicable disease.
2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, sickness, disease, medical payments, death, property damage or loss resulting from my participation in "Equine Activities".
3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
- a) to waive all claims that I have or may have in the future against the "Host";
  - b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
  - c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities" OR I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Infant Participant for all legal purposes.

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Participant Name	Tel #	Birthdate mm/dd/yyyy	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Parent/Guardian's Name	Date of Birth	Tel #	
<hr/>		<input type="text"/>	
(Signature of Participant OR Parent/Guardian)		Date Signed mm/dd/yyyy	

## Horse Trials PEI the "Organizer" Covid Event Participation Waiver

### WAIVER OF LIABILITY FOR ALL CLAIMS AND RELEASE OF LIABILITY PLEASE READ CAREFULLY BEFORE SIGNING.

Completed waivers must be returned with registration or prior to attending the Organizer's event: Training Competition at Strathgartney Equestrian Park (the "Event"). This waiver does not affect accident and out-of-country travel insurance provided by the Organization where applicable.

By signing below, the Participant (named below) and/or the Participant's Guardian represents that the Participant:

1. Has not travelled internationally during the last 14 days;
2. Has not visited a COVID-19 high risk area, region or location in Canada during the last 14 days;
3. Does not knowingly have COVID-19;
4. Is not experiencing known symptoms of COVID-19, such as fever, cough, or shortness of breath, and if experiences such symptoms during the Event will immediately depart from the Event;
5. Has not, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining after returning to Canada; and
6. Follows government recommended guidelines in respect of COVID-19, including practising physical distancing, and will do so to the best of the participant's ability during the Event.

In addition, by signing below the Participant and/or the Participant's Guardian understands, acknowledges and assumes the inherent risks in participating in the Event, including, but not limited to: the potential for bodily injury or illness (including contraction of COVID-19); contact or interaction with others who may have been exposed to COVID-19; permanent disability, paralysis, or loss of life; collision with natural or man-made objects; dangers arising from adverse weather conditions; imperfect venue or field of play conditions; equipment failure; participants of varying skill levels; inadequate safety measures; circumstances known, unknown or beyond the control of the Organizer, its partners, sponsors, agents, affiliates, directors, employees, officer, therapists, or volunteers (together, the "Organization"); negligence or omission of the Organization (collectively, the "Risks").

In consideration for allowing the Participant to participate in the Event, the Participant and/or the Participant's Guardian:

- (a) release, discharge and forever hold harmless the Organization from any and all liability for damages or loss arising as a result of the Risks of participation in or in connection with the Event;
- (b) waive any right to sue the Organization in respect of all causes of action (including for injuries or illness caused by their own negligence), claims, demands, damages or losses of any kind that may arise as a result of the Risks of participation in or in connection with the Event, including without limitation the right to make a third party claim or claim over against the Organization arising from the same;
- (c) freely assumes all risks associated with the Risks, anything incidental to the Risks, which may arise as a result of participation in or in connection with the Event.

**YOU ARE GIVING UP LEGAL RIGHTS TO ANY AND ALL FUTURE CLAIMS AGAINST THE ORGANIZATION.**

I confirm that I have read and fully understand this waiver and release of liability. I sign this waiver and release of liability voluntarily without any inducement, assurance, or warranty being made to me.

Print Participants Name:

Participants Date of Birth:

mm/dd/yyyy

Print Parent/Guardians Name (if participant is a Minor)

Signature of Participant (or Guardian if participant is a Minor)

Date:

mm/dd/yyyy