



Stadium Jumping and XC Clinic with Waylon Roberts

July 9 & 10, 2022

Day 1 – Bonwell Park, Day 2 - Strathgartney Equestrian Park – 18 Strathgartney Road, Bonshaw, PE

ENTRY DEADLINE: July 5, 2022

CLINICIAN

Waylon Roberts is coming back to PEI to offer a two days jumping clinic!

At 18, Waylon took his horse Paleface to represent Canada at the Pan Am games in 2007 winning a team silver medal, and then to his first Kentucky 5* in 2008. In 2009, Waylon attained a two-year visa to Europe, where he spent a year training with Oliver Townend, then a year with Tiny Clapham. He then returned home to Canada for several months before moving to True Prospect Farm to ride for Phillip Dutton before establishing his own US-based business, WR Sporthorses. Waylon again represented team Canada at the 2017 Pan Am games in Toronto on his horse Bill Owen, where they won team bronze. In 2018, he successfully completed the CCI 5* Land Rover Kentucky Three Day Event with Kelecyn Cognac. Waylon returned to Kentucky in 2019, this time completing the CCI 5* with Lancaster for a top 25 finish. He is also the 7-time winner of the Royal Winter Fair Indoor Eventing Challenge in Toronto.

- **Day 1 – Attendees will take part in a stadium jumping lesson with a focus on preparing for cross country challenges specific to each level.**
- **Day 2 – Cross country clinic at Strathgartney!**

No previous eventing experience is necessary; however, you and your horse or pony should be comfortable jumping cross rails, and confident riding in an open field. The safety standards for XC vests have changed as of 2019 but we will still accept all safety vests for schooling purposes.

REGISTRATION FEES:

	HTPEI Members	2 days for Non-members
2 day clinic	\$300	\$325
1 day clinic	\$160	\$175

Ride times will be available Thursday, July 7th by email and on the HTPEI Facebook page.

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.

Check website www.horsetrialspei.ca , Horse Trials PEI on Facebook, or contact hpeicommunications@gmail.com for more information.

Waylon Roberts Jumping Clinic

July 9 & 10 2022

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

Address: _____

Email: _____ Phone: _____

PHTA #: _____ PSO (IHC/NSEF/NBEA) #: _____
 (Off-Island riders please include copy of memberships)

Horse/Pony Name: _____ Breed: _____ Age: _____ Height: _____

Rider and Information	Rider	Horse
How many years have you been riding, consecutively?		
Have you competed in a: Horse Trial, Pony Club Rally or H/J Show?		
If so, what is the highest level you have competed?		
What height of jumps are you comfortable jumping?		
What level would you like to compete at this year?		
Do you have any specific ride times needs? Please indicate below, we will accommodate as best we can.		
Note:		

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

E-TRANSFER PAYMENTS ONLY to: horsetrialspei@gmail.com

Please check which option you will be entering in the Clinic.

Entry Fees

HTPEI Members	Non-HTPEI Members
<input type="checkbox"/> Two days \$300	<input type="checkbox"/> Two day \$325
<input type="checkbox"/> *One day \$160 (day)_____	<input type="checkbox"/> *One day \$175 (day)_____

***Priority will be given to two day entries if clinic fills**

Send **ENTRY FORMS** to: htpeicommunications@gmail.com

Waiver 1

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY (AR-0103)

For Participants Over the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

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

Every Person 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".

Participant Name _____ Date of Birth _____ Tel # _____

Address _____ City _____ Province _____ Postal _____

_____ Signed this _____ day of _____, 20____

(Signature of Participant)

(Print Name of "Host" Witness to Signing and Initialling)

_____ Signed this _____ day of _____, 20____

(Signature of "Host" Witness)

Waiver 2

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY (AR-0103)

For Participants Under the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

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

The Parent/Guardian Must Read and Understand this Waiver Prior to Infant 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 on behalf of the Infant Participant named below with and for the benefit of: Horse Trials PEI, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (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 Infant Participant.

Initial Each Item below after Reading and Understanding each item:

- _____ 1. 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.
- _____ 2. I am aware that there are inherent dangers, hazards and risks ("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; and (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
- _____ 3. 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 the Infant Participant's participation in "Equine Activities".
- _____ 4. 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 on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
- _____ 5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree: (a) to waive all claims that the Infant Participant has or may have in the future against the "Host"; (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" 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 the Infant's participation in "Equine Activities".
- _____ 6. 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".
- _____ 7. 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 the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

Infant Participant's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

Parent/Guardian's Name _____ Date of Birth _____ Tel # _____

Address _____ City _____ Province _____ Postal _____

Signed this _____ day of _____, 20____

(Signature of Parent/Guardian of Infant Participant)

(Print Name of "Host" Witness to Signing and Initialling)

(Signature of "Host" Witness)