



Equestrian Athlete Development Camp
with Ruth Allum
October 29th & 30th, 2022
Bonwell Park

CLINICIAN

Ruth Allum is the head coach and trainer at Oakhurst Farm. Ruth is committed to the total physical and mental preparation of both the rider and the horse. She combines her real life experiences as an Eventer with formal training as an Equestrian Canada certified High Performance – Eventing Coach. During her more than 20 years as a coach, Ruth has taken students from beginner levels to high levels of international competition. Whether her students are competing at the Pre-Entry or Advanced level, they still receive the benefit of Ruth's careful attention to detail in riding, conditioning, and building a strong horse and rider team.

Ruth has coached horse & rider teams to the Provincial Championships, the North American Young Rider Championships, the Canadian Eventing National Talent Squad as well as to a place on the Canadian Eventing Team Long List. She is also an Equestrian Canada Rider Level Evaluator, Mentor, and Certified Coach Developer.

FORMAT

Jumping clinic, not just for Eventers, this is a great clinic for hunter/jumper riders as well. Riders will receive a 1.5-2 hour group lesson each day, focusing on over fences but with skills on the flat emphasized as well. (If time permits, there may be flat only lessons available as well.) The information provided on the application form will be used to divide participants into groups of similar background and ability. No Refunds without Vet or Doctors note. One day entries permitted but preference given to two-day entries. Auditors welcome.

Ride times will be emailed to participants and posted on the HTPEI Facebook page.

REGISTRATION FEE

One Day Fee: \$100.00 members of Horse Trials (any PHTA) (\$125.00 non-members)

Two Day Fee: \$200.00 (\$225.00 Non-members)

INSURANCE POLICY

All riders **MUST** provide proof of insurance. Off-Island riders must include a photocopy of their PTSO insurance and Horse Trials membership with their entry form.

RUTH ALLUM EAD CAMP ENTRY FORM

October 29th & 30th, 2022

Rider Name: Birthdate:

Address:

City: Postal Code:

Email: Phone:

PHTA #: PTSO (IHC/NSEF/NBEA, etc) #:

Please attach copies of your memberships!

Equine's Name: Age:

Breed: Height:

Rider Information	Rider	Horse
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 next season?	<input type="text"/>	<input type="text"/>

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

Entry Fees

Horse Trials Members	Non-members
<input type="checkbox"/> Two Day Clinic \$200	<input type="checkbox"/> Two Day Clinic \$225
<input type="checkbox"/> One Day Clinic \$100	<input type="checkbox"/> One Day Clinic \$120

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

Send entries to:
Maddie Heckbert
madeleineheckbert@hotmail.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 P.E.L., 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.

Participant Name

Tel #

Birthdate mm/dd/yyyy

Address

City

Province

Postal Code

Parent/Guardian's Name

Date of Birth

Tel #

(Signature of Participant OR Parent/Guardian)

Date Signed
mm/dd/yyyy