

Equestrian Athlete Development Camp with Pearl Macgregor September 9th, 2023

Strathgartney Equestrian Park, 18 Strathgartney Road, Bonshaw

Entry Deadline: September 4th

CLINICIAN

Pearl MAcGregor is a certified Equestrian Canada Coach who rode at the intermediate level and has over 10 years experience coaching athletes from grassroots to seasoned competitors. Pearl brings a calm and structured approach to riding, empathetic insight into horse behaviour and a strategic approach to improving cross country skills at all levels.

FORMAT

This clinic will include a group jumping lesson (90 minutes for 3 or more riders, 60 minutes if 1-2 riders). Riders will be grouped by level and will start in the stadium ring for warm up and then spend the majority of the clinic on the cross country course. For those competing in the Horse Trial September 17th, the focus will be on putting together confident, safe, lines on the cross country course.

- 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. Riders and horses who are new to eventing will have a clinic focused on safety, fun and the basics of cross country jumping.
- The safety standards for XC vests have changed as of 2019 but we will still accept all safety vests for schooling purposes.

REGISTRATION FEES AND DISCOUNTS

HTPEI Members \$80.00 Non-HTPEI members \$95.00

DISCOUNT: Anyone who volunteers for a minimum of 2 hours the month before at Strathgartney Equestrian Park will receive a \$20.00 discount!

INSURANCE

All participants must provide proof of their PTSO Membership (IHC, NSEF, NBEA, etc) with their entry.

TRAINING CAMP WITH PEARL MACGREGOR

September 9th, 2023

Rider Name:	Birthdate:
Address:	
City:	Postal Code:
Email:	Phone:
PHTA #:	PTSO (IHC/NSEF/NBEA, etc) #:
Please att	ach 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?		
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 next season?		

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

Entry Fees				
HTPEI Members Fee	\$80.00			
Non-members Fee	\$95.00			
Volunteer Discount	-\$20.00			
Total Included with Entry				

E-TRANSFER PAYMENTS TO: horsetrialspei@gmail.com

Send entries to: Nicola Brothers at Nicolabrothers2@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: <u>Horse Trials PEL</u>, 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") a		
and injuries resulting from these "Risks" are a common those dangerous conditions which are an integral part of			ne Activities" mean
a) the propensity of any equine to behave in ways th			on or around them
and to potentially collide with, bite or kick other anima	als, people or objects;		
b) the unpredictability of an equine's reaction to such			vibrations,
unfamiliar objects, persons or other animals and haza			
 c) the potential for other participants to behave in a r others, including failing to act within their abilities to n 		bute to injury to	inemseives or
d) the potential of natural or man-made hazards beir		rm including cor	mmunicable
disease.		ini, including col	
2. I freely accept and fully assume all responsibility for			
disease, medical payments, death, property damage or			
3. I agree that although the "Host" has taken steps to r			
it is not possible for the "Host" to make the "Equine Active terms of this waiver even if the "Host" is found to be new			
participation in "Equine Activities".	gigent of in breach of any duty t	of calle of ally ob	igation to me in my
4. In addition to consideration given to the "Host" for m	y participation in "Equine Activiti	es", I and my he	irs, 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 fut			
b) to release and forever discharge the "Host" from all I			
resulting from my participation in the equine activity due such care as a reasonably prudent and careful person v			
by law, breach of contract or mistake or error in judgme		ances), breach o	any duty imposed
c) to be liable for and to hold harmless and indemnify the		edings, claims, d	amages, costs
demands, including court costs and costs on a solicitor			
arising out of or in any way connected with my participa			
5. I agree that this waiver and all terms contained here			
Province or Territory of Canada in which the "Equine Ac the exclusive jurisdiction of the courts of that Province of			
jurisdiction over the terms and claims referred to herein			
Province or Territory of Canada in which the "Equine Ac			
6. I confirm that I have had sufficient time to read and u			
agreement represents the entire agreement between m	yself and the "Host", and it is bir	iding on myself a	and my "Legal
Representatives".			
7. I confirm that I have reached the age of majority in the am the Parent/Guardian of the Infant Participant and an			
capacity as Parent/Guardian and with the intent that this			
purposes.			loipant for all logal
Participant Name	Tel #	Birth	date mm/dd/yyyy
Address	City	Province	Postal Code

Parent/Guardian's Name

Date of Birth

Date Signed

mm/dd/yyyy