



## 2016 Clinic Entry Form

Opening date for all clinics is 01 March 2016.  
Liability waiver, on reverse, must be executed with entry.

Please use one form per clinic entry.  
Full payment is required to reserve space in each clinic. Clinic space may be reserved, via fax, with VISA/MC.

<i>Clinic</i>	<i>Dates</i>	<i>Cost (2 days)</i>	<i>Location</i>	<i>Levels Offered</i>
<input type="checkbox"/> Pat Burgess	Oct. 15-16	\$350.	Pommel� Acres	E,PT/T,P,I
<input type="checkbox"/> Lucinda Green	June 04 - 05	\$525.	Pommel� Acres	E,PT,T,P,I
<input type="checkbox"/> Blyth Tait	July 03-04	\$450.	Pommel� Acres	E,PT/T,P,I
<input type="checkbox"/> Blyth Tait	July 06-07	\$450.	Pommel� Acres	E,PT/T,P,I
<input type="checkbox"/> Richard Waygood	Aug 25-28	\$425.	Pommel� Acres	E,PT/T,P,I

Audit Fee at all other clinics: \$10/day. All Audit fees will be collected at the clinic

<b>Name:</b> _____	
<b>Street Address:</b> _____ _____	
<b>City:</b> _____	
<b>Province:</b> _____	<b>Postal Code:</b> _____
<b>Email:</b> _____	<b>Fax:</b> _____
<b>Res. Phone:</b> _____	<b>Bus. Phone:</b> _____
<b>Level of Horse:</b> _____	<b>Age:</b> _____
<b>Level of Rider:</b> _____	<b>Last Event:</b> _____ (Event/Date/Level)
<b>Stabling:</b> _____ Limited stalls available at \$50 /day. Please indicate dates required & special requests.	
<b>Total Fee:</b> \$ _____ (include stabling fees if applicable)	All entries must include a cheque or VISA or MC number to reserve a place, but payments will <b>not be processed until 2 weeks prior to clinic</b> . Cancellation within two weeks of the clinic is subject to our refund policy: Full refund if place filled from wait-list; otherwise 75% refundable with a medical or veterinary letter.
<input type="checkbox"/> <b>Cheque Enclosed</b>	
<input type="checkbox"/> <b>Charge to my Visa:</b> _____	Exp. ____/____

Mail completed entry, with total fee payable to:

Eventing Canada[!] 2016 Clinics  
c/o Arthur Tateishi [arthur@eventingcanada.com](mailto:arthur@eventingcanada.com)  
59 Hillside Drive, Toronto, Ontario M4K 2M1 - Fax: (905) 856-9906



# 2016 Eventing Canada [!] Clinic Series at Eventing Canada [!]'s Training Centre: Pommelé Acres

**TERMS & CONDITIONS - THIS SECTION MUST BE COMPLETED**

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**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS & LIABILITIES  
PLEASE READ CAREFULLY**

I acknowledge that the sport of Horse Trials and Three-Day Eventing is a high-risk sport, and that I am participating 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 risks in riding and working around horses, which risks include bodily injury to both horse and rider that can result from normal use, competition and schooling.

In consideration of being allowed to participate in this clinic, I hereby assume all risk and I hereby release and absolve the Eventing Canada [!], Eventing Canada [!] Training Centre, Pommelé Acres and all their Volunteers, Officers, Directors, Agents, Representatives and Employees and the owners and occupiers of the land upon which the clinic, lesson or other equestrian activity 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 whatever, including the negligence of one or more of the individuals and organizations referred to herein.

I hereby declare that in making this entry 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.

Signature of Rider : \_\_\_\_\_ Signature of Owner / Agent: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(If the Rider is under eighteen years, the parent / Guardian must also sign below)

I acknowledge that 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 : \_\_\_\_\_ Owner / Agent: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**" I / we hereby confirm that there is liability coverage in force with respect to the ownership of the participating horse(s) "**

**YES** [ ] \_\_\_\_\_

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