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# Spring Fling Horse Show April 26-28, 2024 Calnash Ag Facility, AB

ASB / MORGAN / ALL BREED ENTRY FORM

SEND ENTRY FORMS, DOCUMENTS & FEES TO:

## **Spring Fling Horse Show**

Leslie Williams 404, 2834 Sagewood Gate, SW

Airdrie, AB T4B 0K7 law@shaw.ca

#### PLEASE PRINT LEGIBLY - ONLY ONE OWNER PER ENTRY FORM Name of 1st Horse DOB mm/dd/yy Color FEES Reg. No Fees calculated Sire Dam according to fee schedule in prize AEF Class Numbers rider/driver/handler TBA \$25 fee plus class fee ASSOCIATION EC/USEF Class Numbers rider/driver/handler EC/USEF ASSOCIATION Name of 2<sup>nd</sup> Horse Reg. No DOB mm/dd/yy Sire Dam Class Numbers rider/driver/handler AEF ASSOCIATION EC/USEF rider/driver/handler AEF Class Numbers ASSOCIATION EC/USEF Each person signing the entry form acknowledges that he/she has read the Entry Form and Assumption of Risk and agrees to the applicable terms, conditions, Total Class Fees (from above) waivers, releases, indemnification and consent as set forth herein. Each person agrees the information is accurate to the best of his/her knowledge. The person(s) responsible certifies that every horse entered in any class at a competition has met the requirements of Article A519, Vaccinations. See Rules of Horse/Tack Stall \$140.00 Equestrian Canada, Section A, General Regulations, Article A519, Vaccinations. Office Fee \$40.00 per horse ALL Owners, Coaches, Riders, Drivers & Handlers MUST sign the Assumption of Risk. MINOR entrants MUST also have Parent or Guardian signature(s). OWNER (as it appears on registration papers or contract) MINORS MUST NOT SIGN BUT MUST HAVE AN ADULT SIGNATURE Shavings \$14.75 / bag Name Pre-ordered Program \$8.00 Early Move-In \$40.00 Address \_\_\_ Late Move Out \$40.00 City, Province \_\_\_\_ Late Entry Fee \$30.00 \_\_\_\_Email\_\_\_\_ RV Spot \$40.00 **COACH** (must be completed and signed by owner if there is no Coach) Extra time in Arena \$160/hr Day Requested: \_\_\_\_\_ \_\_\_\_ EC/USEF \_\_\_\_\_ Address \_\_\_\_ **SUBTOTAL Taxable** Email Phone \_\_\_\_ G.S.T. (5% OF SUBTOTAL Taxable) Spring Fling Society G.S.T. #730818291 STABLE WITH: \_ Use common stabling name. Requests for joint stabling must be sent in the same envelope. Sponsorship EC Drug Fee \$4.00 per horse Make Cheques Payable to: Spring Fling Society Inc. E-transfers can be made to: springflingsociety@gmail.com **SUBTOTAL Non-Taxable** Reference Riders Name in the Description **Password:** Spring TOTAL ENCLOSED (SUBTOTAL Taxable + G.S.T. + SUBTOTAL Non-Taxable) Please Note: No Entry Will Be Considered Complete Without: \* Copies Of Registration Papers (both sides), ALL Membership Cards for Owners, Exhibitors, Coaches And Person Responsible. \* Veterinarian Vaccination Certificate OR Record of Vaccination – see Prize List for Details FOR OFFICE USE ONLY - PLEASE DO NOT FILL ANY FIELDS IN THIS SECTION

Forms and Memberships: \_\_\_\_ AHA \_\_\_ EC/USEF \_\_\_\_ AEF \_\_\_ Horse Papers \_\_\_\_ Assumption of Risk \_\_\_\_ Horse Vaccination \_\_\_ Coach Papers

# ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

This document waives very important legal rights. Read it carefully before signing.

## **EQUESTRIAN CANADA NOTICE**

In the event an exhibitor participates in an Equestrian Canada sanctioned competition where protective headgear is required for juniors, he/she will wear properly fitted and fastened approved headgear at all times while riding or driving at the event location. It is understood that juniors not meeting this requirement will not be allowed to compete at these competitions.

I hereby certify that every horse entered in any class at a competition has met the requirements of Article A519, Vaccinations. See Rules of Equestrian Canada, Section A, General Regulations, Article A519, Vaccinations.

The person responsible (PR) agrees to the release of any information on the entry form to EC.

I hereby certify that every horse, rider and/or driver is eligible as entered and agree for myself and my representatives to be bound by the Constitution and rules of Equestrian Canada at this competition. It is hereby recognized that all equestrian sports involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hold harmless EC, the competition, their officials, organizers, agents, employees and their representatives.

Print Name of Person Responsible:	Signature of Person Responsible:
EC# for Person Responsible:	Date:
official responsibility for that horse under EC Rules and Rules, the Person Responsible is normally the Coach, of junior competitors. The Person Responsible is ultim performed in the stables by himself or herself or by an Person Responsible (PR) must be an EC Sport Licens	t who has, or shares, responsibility for the care, training, custody and performance of the horse and who has I is liable under the penalty provisions of the Rules for any violation of the EC Rules. For the purpose of these owner or the competitor who rides or drives the horse during an event, or a parent or legal guardian in the case ately responsible for the condition, fitness and management of the horse and is alone responsible for any act other person with authorized access to the horse, or while the horse is being ridden, driven or exercised. The e holder in good standing OR in the case of a junior/Minor owner entries, a parent/guardian is entitled to sign as be a USEF member in good standing (see Article A213.2)
AHA ENTRY AGREEMENT	
	d in the Arabian Horse Association (AHA) Handbook / Directory and Competition Prize List and agree to be
	this Competition, and by signing the entry blank, I agree as follows:
I AGREE that I choose to participate voluntarily in this of a junior exhibitor. I AM FULLY AWARE AND ACKNRISK OF HARM INCLUDING, BUT NOT LIMITED TO INJURIES, TRAUMA, PAIN, AND SUFFERING, AND I AGREE for myself, my heirs, executors, administrato owner(s) of the facilities, and all of their respective offic (collectively, the "Released Parties") from any and all of extent permitted by law that arises out of or relates in a DAMAGES, LOSS, OR INJURY RESULTING FROM APARTIES, THEIR CONTRACTORS OR INVITEES, as I AGREE to indemnify and hold harmless (that is pay a demands, penalties, actions, losses, costs, damages, asserted against or incurred by any of them as a result employees, riders, handlers, coaches, drivers, contract I AGREE and represent that I am qualified and eligible I AGREE to accept AS FINAL any decision of AHA, the	Competition, as a rider, driver, handler, lessee, owner, agent, Coach, junior exhibitor, or as a parent or guardian OWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY. so, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the sers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers laims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest ny way to the Competition and my participation in the Competition INCLUDING, BUT NOT LIMITED TO, NY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises. Il losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, njuries, liabilities and obligations (including attorneys fees) of whatsoever kind and nature, which may be of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, or sor or invitees, or (b) by any animal owned or exhibited by me or in my custody or control. to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered. Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the
decisions. Should a hearing be requested, I agree to a AHA, the Competition Sponsor, their officers, directors Show Officials or any hearing body that relates to my of I AGREE that AHA has the sole right to control, sell, sureproduce, transmit and disseminate all or part of this	to the extent that the Rules of AHA, the Competition, EC or USEF Equestrian permit a protest or hearing of such competed as FINAL the decision of the particular hearing body. I agree to release, hold harmless and not to sue employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, ualifications or my horse(s)' qualifications to enter the Competition or any results of the Competition, pervise or give away (or assign to others the right to do so) the exclusive rights to broadcast, televise, event, and I agree that AHA may use or assign, in any way AHA sees fit, photographs, films, videos, audios, ten during the course of the Competition for the promotion, coverage or benefit of the Competition or AHA.
Those likenesses shall not be used to advertise a prod	uct and they may not be used in such a way which implies endorsement of any company, product, product waive and release any rights in connection with such use, including any claim to compensation, invasion of
	hibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to f Risk, Release and Indemnification personally and on behalf of the child.
This AHA Assumption of Risk, Release and Indemi	<b>ilfication</b> is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as place) for any legal action against AHA, its officers, directors, employees, volunteers or agents shall be in the

Owner** Must Be Adult	Print Name	Signature	Emergency Phone Number
Coach ** Mandatory Must be Adult EC/USEF#	Print Name	Signature	Emergency Phone Number
Rider 1 ** Mandatory Must be Adult	Print Name	Signature	Emergency Phone Number
Rider 2 Must be Adult	Print Name	Signature	Emergency Phone Number
Coach (if applicable) EC/USEF#	Print Name	Signature	Emergency Phone Number
Print Name of Minor	Print Name of Parent or Guardian	Signature of Parent or Guardian	Emergency Phone Number
Print Name of Minor	Print Name of Parent or Guardian	Signature of Parent or Guardian	Emergency Phone Number

local district courts or the federal court of the State of Colorado. If any part of this agreement is determined to be unenforceable, all other parts shall remain effect.