



# Spring Fling Horse Show

April 25-27, 2025  
 Calnash Ag Facility, AB  
**ARABIAN 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 1 <sup>st</sup> Horse	Reg. No	DOB mm/dd/yy	Sex	Color	<b>FEES</b>
	Sire	Dam				Fees calculated according to fee schedule in prize list.
rider/driver/handler	AEF	<b>Class Numbers</b>				TBA pricing \$25 fee plus class fee AHA TBA fee \$35 plus class fee
AHA	EC/USEF					
rider/driver/handler	AEF	<b>Class Numbers</b>				\$
AHA	EC/USEF					

	Name of 2 <sup>nd</sup> Horse	Reg. No	DOB mm/dd/yy	Sex	Color	
	Sire	Dam				
rider/driver/handler	AEF	<b>Class Numbers</b>				\$
AHA	EC/USEF					
rider/driver/handler	AEF	<b>Class Numbers</b>				\$
AHA	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, 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 Equestrian Canada, Section A, General Regulations, Article A519, Vaccinations."*

*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**

Name \_\_\_\_\_ AHA \_\_\_\_\_  
 Address \_\_\_\_\_ EC/USEF \_\_\_\_\_  
 City, Province \_\_\_\_\_ Postal Code \_\_\_\_\_ AEF \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**COACH (must be completed and signed by owner if there is no Coach)**

Name \_\_\_\_\_ AHA \_\_\_\_\_  
 Address \_\_\_\_\_ EC/USEF \_\_\_\_\_  
 City, Province \_\_\_\_\_ Postal Code \_\_\_\_\_ AEF \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**STABLE WITH:** \_\_\_\_\_  
*Use common stabling name. Requests for joint stabling must be sent in the same envelope.*

**Make Cheques Payable to: Spring Fling Society Inc.**  
 E-transfers can be made to: **springflingsociety@gmail.com**  
**Reference Riders Name in the Description**  
**Password: Spring**

**Please Note No Entry Will Be Considered Complete Without:**

- \* Full Payment
- \* 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

Total Class Fees (from above)	\$ _____
____ Horse/Tack Stall \$140.00	\$ _____
____ Office Fee \$40.00 per horse	\$ _____
____ Shavings \$11.00 per bag	\$ _____
____ Pre-Ordered Program \$8.00	\$ _____
____ Early Move-In \$40.00	\$ _____
____ Late Move Out \$40.00	\$ _____
____ Late Entry Fee \$40.00	\$ _____
____ RV Spot \$40.00/night	\$ _____
____ Extra time in Arena \$160/hr	\$ _____
Day Requested _____	
<b>SUBTOTAL Taxable</b>	<b>\$ _____</b>
<b>G.S.T. (5% OF SUBTOTAL Taxable)</b>	<b>\$ _____</b>
Spring Fling Society G.S.T. #730818291	
____ Sponsorship	\$ _____
____ EC Drug Fee \$4.00 per horse	\$ _____
____ AHA Resolution 9-90	
(\$5.00+\$2.00 exchange) \$7.00 per horse	\$ _____
____ AHA Show Recognition	
(\$7.00+\$3.00 exchange) \$10.00 per horse	\$ _____
<b>SUBTOTAL Non-Taxable</b>	<b>\$ _____</b>
<b>TOTAL ENCLOSED</b>	<b>\$ _____</b>
(SUBTOTAL Taxable + G.S.T. + SUBTOTAL Non-Taxable)	

FOR OFFICE USE ONLY – PLEASE DO NOT FILL ANY FIELDS IN THIS SECTION

**Payment Method:** \_\_\_\_\_ e-transfer \_\_\_\_\_ cheque \_\_\_\_\_ Amount \_\_\_\_\_

**Name on Cheque or E-transfer:** \_\_\_\_\_

**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.

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.

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

**Print Name of Person Responsible:** \_\_\_\_\_ **Signature of Person Responsible:** \_\_\_\_\_

**EC# for Person Responsible:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The Person Responsible** for a horse must be an adult who has, or shares, responsibility for the care, training, custody and performance of the horse and who has official responsibility for that horse under EC Rules and is liable under the penalty provisions of the Rules for any violation of the EC Rules. For the purpose of these Rules, the Person Responsible is normally the Coach, owner or the competitor who rides or drives the horse during an event, or a parent or legal guardian in the case of a junior competitor. The Person Responsible is ultimately responsible for the condition, fitness and management of the horse and is alone responsible for any act performed in the stables by himself or herself or by any other person with authorized access to the horse, or while the horse is being ridden, driven or exercised. The Person Responsible (PR) must be an EC Sport License holder in good standing OR in the case of a junior/Minor owner entries, a parent/guardian is entitled to sign as PR. In the case of USEF member entries PR may also be a USEF member in good standing (see Article A213.2)

**AHA ENTRY AGREEMENT**

I have read the rules concerning competitions as printed in the Arabian Horse Association (AHA) Handbook / Directory and Competition Prize List and agree to be bound by and subject to those Rules.

In consideration for AHA permitting me to participate in this Competition, and by signing the entry blank, I agree as follows:

**I AGREE** that I choose to participate voluntarily in this Competition, as a rider, driver, handler, lessee, owner, agent, coach, junior exhibitor, or as a parent or guardian of a junior exhibitor. **I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN, AND SUFFERING, AND PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY.**

**I AGREE** for myself, my heirs, executors, administrators, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and all claims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition INCLUDING, BUT NOT LIMITED TO, DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises.

**I AGREE** to indemnify and hold harmless (that is pay all losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorneys fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control.

**I AGREE** and represent that I am qualified and eligible to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered.

**I AGREE** to accept AS FINAL any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, EC or USEF Equestrian permit a protest or hearing of such decisions. Should a hearing be requested, I agree to accept AS FINAL the decision of the particular hearing body. I agree to release, hold harmless and not to sue AHA, the Competition Sponsor, their officers, directors, employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s)' qualifications to enter the Competition or any results of the Competition.

**I AGREE** that AHA has the sole right to control, sell, supervise or give away (or assign to others the right to do so) the exclusive rights to broadcast, televise, reproduce, transmit and disseminate all or part of this event, and I agree that AHA may use or assign, in any way AHA sees fit, photographs, films, videos, audios, cablecasts, or other likenesses of me and my horse taken 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 product and they may not be used in such a way which implies endorsement of any company, product, product category or service. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

By signing below as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child.

**This AHA Assumption of Risk, Release and Indemnification** is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AHA, its officers, directors, employees, volunteers or agents shall be in the 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.

Owner** <b>Must Be Adult</b>	Print Name	Signature	Emergency Phone Number
Coach ** <b>Mandatory Must be Adult</b> EC/USEF#	Print Name	Signature	Emergency Phone Number
Rider 1 ** <b>Mandatory Must be Adult</b>	Print Name	Signature	Emergency Phone Number
Rider 2 <b>Must be Adult</b>	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

**MUST BE SIGNED IN AT LEAST 3 PLACES BY ADULTS ONLY**  
**AHA/EC/USEF Membership is not required for Parents/Guardians signing for minors.**  
**The Person Responsible (PR) MUST be an EC or USEF member in good standing.**