

Mail to:
 Amberlea Meadows
 51031 Range Rd 252
 Leduc County, AB T9C
 Attn: Show entries
 Fax: 780-955-7755
 E-mail:
 showoffice@amberleameadows.com
 www.amberleameadows.com



AMBERLEA MEADOWS 2017 HUNTER/JUMPER SCHOOLING SHOW AEF WILDROSE SHOW

Please select the show you are entering:
 () Feb 11 & 12 AM 2017 Schooling Show Hunter/Jumper
 Closing Date: Feb. 5
 () April 1-2 AM 2017 Schooling Show Hunter/Jumper II
 Closing Date: March 26
 Please fill out one form per horse per show.

For Office Use
 Only
 Entry #

Name of Rider		JR/ AM	AEF #		Media Release: Your Signature on this page is consent for us to use photos of you and your horse, for show results and show promotional purposes only. Circle: YES NO				
Address		City, Province		Postal Code		Phone #			
Horse-Name		Age	Color / Sex		Pony Indicate size—circle one: SM - MED—LARGE				
Horse Owner Name:		Address		Telephone		Yes No			
City, Province		Postal code			E-mail (Please print clearly)				
Trainer		Stable With:			Bedding : Straw () Shavings () – Bags required ()				
Class Number	#	#	#	#	#	#	#	#	#
Class Entry Fees	\$	\$	\$	\$	\$	\$	\$	\$	\$

This Document will affect your legal rights and liabilities, Please read Carefully:

I acknowledge that the sport of horses is a risk sport and that I am participating at my own risk and in full knowledge of the hazards which 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 which can result from normal use, competition, or schooling. It is hereby also understood that no helmet or protective equipment can protect against all foreseeable injury. In consideration of being allowed to participate in this event, I hereby assume all risk and I hereby release and absolve Amberlea Stables Ltd., their directors, officers, employees, volunteers, and representatives, and their personal representatives, for 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 whatsoever, including the negligence of one or more of the individuals and organizations referred to herein.

I hereby declare that in signing this document that 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.

All persons mounted on a horse are required to wear helmets, and all junior riders are required to wear ASTM or BSI approved helmets.(A802)

Signature of Owner/Agent _____ Date _____ 2017

Signature of Rider _____ Date _____ 2017

If rider is under eighteen(18) years of age, the parent/legal guardian MUST sign below.

I acknowledge as parent/legal guardian of _____ (here in after referred to as “the child”) that I have read and fully understand and agree to the terms and conditions stated herein on behalf of my child and myself.

In the event that “the child” participated in an Equine Canada sanctioned competition where approved headgear is required for juniors, “the child” will wear a properly fitted, ASTM or BSI approved helmet. It is understood that juniors not meeting this requirement will not be allowed to compete at these competitions.(A905)

Parent/Legal Guardian _____ Date _____ 2017

Entry will not be accepted without Parent or Legal Guardian Signature.

Signature of Person Responsible _____ Date _____ 2017

Signature of person responsible (Article A1011: A person responsible for the care/custody, training and performance of the horse)

Entry will not be accepted without Parent or Legal Guardian Signature. Trainer Signature is not valid.

Total entry fees	
Admin. Fee/ Medical Aid	\$35.00
Stabling \$45 per Night or \$35 per day # of stalls ___X	
Tack stall \$35.00 per night	
Shavings # _____ \$9per bag	
Post Entry Fee \$25	
Subtotal	
GST5%	
Equi-Cup Levy	\$5.00
Total	

Please photo copy and attach copies of your current 2017 AEF Membership..

**PLEASE MAKE CHEQUES PAYABLE TO:
 AMBERLEA MEADOWS
 PAYMENT MUST BE RECEIVED WITH ENTRY TO ACCEPT ENTRY**

If you wish to pay with credit card, please fill out the information below:

Card Number:

Type Visa MC Expiry Date _____ CSV

Authorized Signature: _____ Name of Cardholder

Please print