

Mail to:
 Amberlea Meadows
 51031 Range Rd 252
 Leduc County, AB T9G 0B7
 Attn: Show entries
 E-mail:
 showoffice@amberleameadows.com
 www.amberleameadows.com



AMBERLEA MEADOWS 2019 HUNTER/JUMPER SCHOOLING SHOW AEF WILDROSE SHOW

Please select the show you are entering:
 Feb 9 & 10 AM 2019 Schooling Show Hunter/Jumper
 Closing Date: Feb. 4
 March 23 & 24 AM 2019 Schooling Show Hunter/Jumper II
 Closing Date: March 18
 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				
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 _____ 2019

Signature of Rider _____ Date _____ 2019

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 _____ 2019

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

Signature of Person Responsible _____ Date _____ 2019

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	\$50.00
Stabling \$50 per Night or \$40 per day # of stalls ___X	
Tack stall \$40.00 per night	
Schooling Pass Friday \$30	
Shavings \$9 _____ Bag	
Straw \$5 Bale _____	
Post Entry Fee \$25	
Subtotal	
GST 5%	
Total	

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

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