

FOSHAY FARMS COMBINED DERBY JULY 26, 2015

CLOSING DATE JULY 20, 2015

Rider: _____ Date of Birth (mm/dd/yy): ____/____/____
Address: _____
Phone: (home) _____ (cell) _____ Email Address: _____
Horse's Name: _____ Horse's Age: _____ Sex: _____
Owner's Name: _____ Owner's Contact Number: _____
Owner's EC #: _____

MEMBERSHIPS REQUIRED RIDER

Riders are required to have a *Bronze* Equine Canada (EC) membership (with the Canadian Eventing membership option) for Entry and Pre-Training. NBEA required for all. All entries must include a photocopy of memberships.

NBEA #: _____ EC #: _____ HTNB #: _____

COST

Entry fee includes \$30 admin fee and \$3.50 drug fee. Classes cost \$25/class.

Ribbons awarded only to those completing a "combined" test - that is, riding a dressage test and stadium round of the same division. Combined show riders can also add any number of other classes in addition to their combined classes. Those riding in mixed divisions or only in one phase will not be eligible for a ribbon, but special prizes during the day will be available to all entries!

CLASSES ARE OFFERED @ \$25/RIDE (rider can do more than one dressage and/or stadium or only dressage or only stadium. Any combination of levels.)

DRESSAGE:

Link to dressage tests

http://equinecanada.ca/index.php?option=com_docman&task=cat_view&qid=470&Itemid=365&lang=en-GB

- 2011 National Dressage Test for Entry Test #1 - **Pre-Entry**
- 2011 National Dressage Test for Entry Test #2 - **Entry**
- 2011 National Dressage Test for Pre-Training Test #2 – **Pre-training**

JUMPING PHASE: (all rounds have a maximum time limit that is generous. No jump off)

- 2' – Pre-Entry
- 2'6" - Entry
- 3' – Pre-Training

COMBINED TEST SELECTION:

- Pre-Entry
- Entry
- Pre-Training

Organizers have the right to refuse any unsafe rider in any jumping round.

Payment enclosed:

Class Fee (\$25.00/class) classes x ___ = Total _____
 Stall (includes shavings-bring stall guard) @ \$35.00/night Total _____
 Administration Fee @\$30.00 Total _____
 Drug Fee @\$3.50 Total _____
 Credit card process fee if applicable @\$3.00..... Total _____
 Plus HST 13%..... Total _____
 TOTAL COST ENCLOSED..... _____

**Cheque payable to Foshay South Eventing Inc.
 21 Gallagher Road Lakeside, NB E5N 0K9**

**Credit cards also accepted:
 Visa, Mastercard, and Amex**

Name on Card: _____ **Card Type:** _____

Card #: _____ **Exp Date:** _____

THE FOLLOWING MUST BE RECEIVED BY FOSHAY SOUTH BY JULY 20th :

If paying or reserving by credit card, emails and faxes accepted

(suzannestevenson@nb.sympatico.ca, 506-696-4403)

- ENTRY FORM
- PAYMENT
- COPIES OF MEMBERSHIPS
- COPY OF NEGATIVE COGGINS
- PROOF OF FLU/RHINO

Must comply to all EC rules, including correct safety wear, correct tack, etc. (recommend vest for jumping for all riders, especially juniors). Date is rain or shine

LIABILITY WAIVER - Foshay Farms Combined Derby

I hereby certify that every horse and rider is eligible as entered and agree for myself and my representatives to be bound by the Constitution and rules of Equine 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 the risk and hold harmless EC, the competition, their officials, organizers, agents, employees and their representatives.

I acknowledge that the Equestrian Sport and its competitions are a high risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge that inherent risks in riding and working around horses, which include bodily injury to both horse and rider which can result from normal use, competition or schooling.

In consideration of being allowed to participate in this event, I hereby assume all risk and I hereby release and absolve the Organizing Committee, Foshay South Eventing Inc., National, Provincial, and Discipline Affiliates, Equine Canada, the New Brunswick Equestrian Association and their Officials, Volunteers, Officials, Directors, Agents, Representatives and Employees and the Owners and Occupiers of the land upon which the competition is held, from all responsibility, liability or claims of any nature and kind which I may have arising from the 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.

All riders, regardless of age or level or competition, must wear ASTM/SEI or BSI/BS EN approved protective headgear at all times when mounted at any EC sanctioned competition at the event location.

I hereby declare that in making this entry 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.

Signature of Rider: _____ Date: _____

Signature of Owner: _____ Date: _____

If rider is under eighteen years, the Parent/Guardian must also sign below

I acknowledge 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.

Signature of Parent/Guardian: _____ Date: _____

The Person Responsible must sign below. The person responsible is the individual responsible and accountable for the care, training, custody and performance of the horse. The person responsible may be an owner, rider, or coach and must hold a senior EC Sport license.) However, when the competitor is a Junior, the competitor cannot be the Person Responsible and the Person Responsible may be a parent/guardian who must be at minimum an EC member in good standing. Equine Canada Memberships \$10.00: Available to any horse enthusiast not currently competing in Equine Canada-sanctioned competitions. If you are a current member of your provincial association(NBEA) - you already hold a current Equine Canada Membership

Person Responsible (please print): _____ Phone Number: _____

Signature of Person Responsible: _____ Date: _____