



The Capital Region Equestrian Association - Zone 3

Donna McInnis Dressage Clinic

Sunday, September 11th

following the CREA Bronze Dressage Show September 10th

REGISTRATION FORM

Name:

Address:

Email:

Phone:

Age, if Junior:

NBEA #

I attended the Capital Region Equestrian Association dressage show for free as a first-time competitor from Zone 3. **Clinic cost: free**

I attended the Capital Region Equestrian Association dressage show for free as a first-time competitor funded by the NBEA. **Clinic cost: free**

I attended the Capital Region Equestrian Association dressage show. **Clinic cost: \$65.00**

I did not attend the Capital Region Equestrian Association dressage show. **Clinic cost: \$100**

Spaces are very limited and priority will go to riders meeting the above criteria in the order listed. All lessons are private one-on-one. First come, first served.

Payment:

Etransfer: instructions will be shared once deadline has closed and spaces allotted

Cheque or money order payable to "Capital Zone Equestrian Association".

Credit Card:

Card #:

Expiry:

CVV 3-digits:

Name on card:

Send to nbeaeditor@gmail.com

or deliver to NBEA, 900 Hanwell Road, Suite 31, or Geary Hill Stables

REGISTRATION DEADLINE: September 6th, 2022

LIABILITY WAIVER

WAIVER FOR CAPITAL ZONE DRESSAGE CLINIC

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 clinic organizers, their officials, organizers, agents, employees and their representatives, including the clinician and venue owner.

Riders, parents, and owners agree that they participate voluntarily in the clinic fully aware that horse riding and sport involve inherent dangerous risk of serious injury or death, and accept that no helmet or protective equipment can protect against all foreseeable injury, and by participation they expressly assume any and all risks of injury or loss to both horse or rider.

In consideration of being allowed to participate in this event, I hereby assume all risk and I hereby release and absolve the Organizing Committee of the Capital Zone Dressage Clinic (Chantal Richard, Cindy Brown, Marie-Claude Michaud, Cyndi Mitchell), National, Provincial and Discipline Affiliates, Equestrian Canada, the New Brunswick Equestrian Association and their Officials, Volunteers, Directors, Agents, Representatives and Employees, including clinician Donna McInnis, and the Owners and Occupiers of the land upon which the clinic is held from all responsibility, liability or claims of any nature and kind including communicable disease which arise from the participation in this activity, including the negligence of one or more of the individuals and organizations referred to herein.

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:

Printed name of Rider:

Date:

Signature of Owner:

Printed name of Owner:

Date:

If the rider is under 18 years of age, the Parent/Guardian must complete the form.

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:

Printed name of Parent/Guardian: