



Janine Little Clinic Registration Form

October 9-10, 2018

Participant Name	
Address	
Email	
Phone	
Emergency Contact	
Horse's name	
Dressage Level	

Priority is on a first come first serve basis. Payment must be received in full.

Private	\$165.00 / lesson - 45 minutes	=
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Stabling Day Use	\$10.00 x # days	=\$
Stabling Small paddock	\$25.00/day	=\$
Stabling Box Stall	\$35.00/day	=\$
Stabling lg paddock	\$35.00/day	=\$

TOTAL FEES (payment to Topline Stables via e transfer or cheque) \$ _____

Send entries to (or drop off at Topline Stables):

Sonya Campbell, Entry Secretary/Clinic Manager
Topline Stables & Show Park
151 60th St. SE, Salmon Arm, BC, V1E 1W4
toplinestables1@hotmail.com

Signature of Rider: _____

Signature of Parent or Guardian (if under 18): _____

Name of Parent or Guardian (Please Print Clearly): _____

Note: Maximum 9 lessons available per day. Payment in full will reserve your lesson. Refunds for cancellation on short notice available based on ability to fill off of waiting list.

Topline Show Park Release of Liability and Acknowledgement of Risk

Name of Horse Owner/Participant: _____

Phone #: _____

Address of Horse Owner/Participant: _____

Postal Code: _____

EVERY HORSE OWNER/PARTICIPANT SHALL CAREFULLY READ THIS NOTICE BEFORE SIGNING. NO OWNER/PARTICIPANT WILL BE ALLOWED TO PARTICIPATE IN EQUINE ACTIVITIES (CALLED THE ACTIVITY) OR HAVE THEIR HORSE BOARDED PRIOR TO READING AND SIGNING THIS FORM.

TO: Topline Stables & Show Park
King and Sonya Campbell, their site property owners, directors, officers, employees, representatives, agents, volunteers, business operators (all of them collectively called the "HOST")

I am aware and understand that there are Inherent DANGERS, HAZARDS, AND RISKS (collectively called "RISKS") associated with Equine Activities. I acknowledge that these Inherent "RISKS" of Equine Activities mean those Dangerous conditions which are an integral part of Equine Activities, including but not limited to:

1. The propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity;
2. The unpredictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals;
3. The equine's response to certain hazards such as surface and subsurface objects;
4. Collisions with other equines, animals, people and objects;
5. The potential of any participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability.

I understand that injuries resulting from such "RISKS" are a common and ordinary occurrence associated with Equine Activities. I freely accept and fully assume all the "RISKS" and the possibility of personal injury, death, property damage or loss from being a participant. I acknowledge that it remains my sole responsibility to act in such a manner as to be responsible for my own safety and to participate within my own limits. In consideration of the "HOST" Boarding my "Horse(s) or permitting my participation in the "ACTIVITY". I together with my heirs, executors, administrators and assigns, (Collectively called my "Legal Representatives") agree:

1. to WAIVE ALL CLAIMS that I may have against the "Host" and
2. To RELEASE THE "HOST" FROM ANY AND ALL LIABILITY for any loss, damages, injury or expenses that I or my "Legal Representatives" may suffer as a result of my horse(s) being boarded or my Participation in the "ACTIVITY" due to any cause whatsoever INCLUDING NEGLIGENCE ON THE PART OF THE "HOST" and,
3. TO HOLD HARMLESS AND INDEMNIFY THE "HOST" from any and all liability for any injury to the HORSES(S) or any property damage or personal injury to any third party resulting from my HORSE(S) being boarded or my Participation in the "ACTIVITY" and,
4. To maintain in effect a minimum of \$1,000,000.00 third party liability insurance on the Horse(s) while boarded.

I have read and understand the Rules of the boarding facility and the "ACTIVITY" which apply to me. I agree to abide by those rules and Acknowledge that a breach of the Rules may among other things, result in my expulsion from the boarding facility or the "ACTIVITY". Before I signed this Release and Acknowledgement, I read it and I state that I understand it. I am aware that by signing this Release and Acknowledgement, I am waiving all legal rights which I may have against the "HOST", or if I die, by signing this Release and Acknowledgement, I am waiving all rights that my Legal Representatives may have against the "HOST".

Signature of Owner/Participant

Date