



Foshay South Dressage Show



Ring Number: _____

June 25-26, 2016 Bronze Show | June 25-26, 2016 Gold Show **Deadline: June 15, 2016**
(please circle which show and which day you wish to participate)

Rider: _____ **Date of Birth (if Junior):** _____

Address: _____

Email/Phone: _____

EC#: _____ **Pony Club Member (please circle):** **YES** **NO**

NBEA/PTSO#: _____ **Amateur Status (please circle):** **YES** **NO**

Owner: _____

Address: _____

Email/Phone: _____

EC#: _____

NBEA/PTSO#: _____

Horse Name: _____ **Passport # :** _____ **2016 horse license #:** _____

Breed: _____ **Height:** _____ **Colour:** _____ **Sex/Gender:** _____

Person Responsible: _____

EC #: _____ **NBEA/PTSO # :** _____

Email and Phone #: _____

Stable with what group/horse: _____

Level	Saturday (MAX 2 TEST) 8am - 4pm	Sunday (MAX 2 TEST) 8am - 4pm	Division (Please circle)	Entry \$25/test
Walk/Trot	A B C D	A B C D	JR AA Open	
Training Level	1 2 3	1 2 3	JR AA Open	
First Level	1 2 3	1 2 3	JR AA Open	
Second Level	1 2 3	1 2 3	JR AA Open	
Third Level	1 2 3	1 2 3	JR AA Open	
Fourth Level	1 2 3	1 2 3	JR AA Open	
FEI Test of choice (indicate level)	PSG	PSG	JR AA Open	
Freestyle(ind.level)			PE	
Eventing Test USA	E P T T P I A A B C	E P T T P I A A B C	JR AA Open	
Eventing Test CDN	E P T T P I A 1 2	E P T T P I A 1 2	JR AA Open	
Pony Club Tests	E A P T 1 2	E A P T 1 2	JR	

Please ensure the entry has the following information and is received before the deadline otherwise additional fees will apply

- Photocopy of NBEA, NSEF or PSO Membership
- Photocopy of Equine Canada Bronze or Gold Sport License (Amateur Status must be indicated if applicable)
- Photocopy of 2016 Equine Flu/Rhino Vaccine and Negative Coggins within 24 months
- Signed Waiver
- Credit cards accepted with a \$3.00 admin fee or cheque

Cheques payable to:

Foshay South Eventing Inc.
21 Gallagher Road Lakeside, NB E5N 7K2

Please contact Suzanne Stevenson at 506-832-2423 or suzannestevenson@nb.sympatico.ca for more information.

Administration: \$35.00

Friday/Saturday Stabling (\$40/night) X

Shavings \$7.00 per bag

Credit card processing fee: \$3.00

SUBOTAL:

HST 13%

EC Drug Testing: \$3.50 for Bronze; \$7.00 for Gold

DC Levy: \$10.00

TOTAL:

Name on cr. card:

Credit Card Type (please circle) **VISA**
M/C
AMEX

Card #: _____ **Exp date:** _____

LIABILITY WAIVER-Foshay South Dressage Show Competition

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. The person responsible (PR) agrees to the release of any information on the entry form to EC.” (A802.4)

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, Dressage New Brunswick, 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 properly fitted safety approved protective headgear at all times when mounted at any EC sanctioned Dressage competition at the event location.

“In the event that _____ participates in an Equine Canada sanctioned competition where protective headgear is required for juniors, he/she will wear properly fitted and fastened approved headgear at all times while riding or driving at the event location. It is understood that juniors not meeting this requirement will not be allowed to compete at these competitions.” (A802.6)

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. When the competitor is 18 yrs or under, the Person Responsible may be a parent/guardian and be at minimum an EC member (see show rules) . The person responsible must be present during the competition. (A1011)

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

Equine Canada #: _____

Signature of Person Responsible: _____ Date: _____