



Clinic Entry Form

Clinic Name: _____ Date: _____

Participant's Name: _____ Birthday (if under 19 yrs.): _____

Participant's Address: _____

Participant's Phone: _____ Email: _____ HCBC#: _____

Horse's Name: _____ Height: _____ Age: _____

Owner's Name: _____ Phone: _____

Owner's Address: _____

Level of Experience (e.g. years/level of riding, horse's training, discipline, interest, etc. as applying to clinic entered): _____

As a condition of participating in any clinic hosted by VDRC, clinic participants assume all risk of personal injury, death, and/or property loss resulting from any cause whatsoever, including but not limited to the inherent risks of equestrian sport, collision with natural or manmade objects, collision with other equines, or negligence on the part of VDRC, its directors, officers, organizers, employees and/or volunteers, and site property owners hereafter collectively called "the Host". All clinic participants and their legal representatives agree that the Host shall not be liable for any such personal injury, death, and/or property loss and release the Host from such liability waiving all claims with respect thereto.

"I understand that by signing this document I give up all legal rights I and/or my minor child/ward would otherwise have in the event of personal injury, death, and/or property loss.

I have read this document, I understand and agree to its terms, and I choose to sign it."

(Participant's Signature)

(Owner's Signature)

(Signature of Parent or Guardian if Participant Under 19 years of age at Date of Signing)

(Parent or Guardian's Name Printed)

Signed this _____ day of _____, 20_____.

Clinic Fee for VDRC Riding Members: _____ **Clinic Fee for Non-Members:** _____

(To become a VDRC Member contact June LaLonde at 250.545.0803.)

Pens are available at \$10.00/day for Non-Members. (Pens are free for members.) Phone for reservations.

Please make cheques payable to the Vernon District Riding Club.

Entry forms may be mailed to:
 Joni Miskovich
 520 McLeish Road
 Vernon, B.C. V1B 3H5
 Phone: 250.260.6125
 jd_misko@shaw.ca

Clinic Fee: _____
 Pen Fee: _____

Total Fees: _____

All participants must be members of HCBC and sign this release of liability agreement. Please provide a photocopy of proof of your membership card with your entry form.