



# 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 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 Members:** \_\_\_\_\_ **Clinic Fee for Non-Members:** \_\_\_\_\_  
 (To become a VDRC Member contact June LaLonde at 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:**  
 Frances Weeks  
 7555 Clearview Road  
 Vernon, B.C. V1B 3N4  
 Phone: 250-260-3576  
 frances\_weeks@hotmail.com

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.**