

Rider Name:		Entry #	
Address:			
City:		Province:	
Phone:		Postal:	
HCBC#		Email	
Owner Name:			
Address:			
City:		Province:	
Phone:		Postal:	
HCBC#		Email	
Horse Name:			
Breed:		Color:	
Sex:		Horse ID #:	
Sire		Year of Birth	
DAM		Color	

Gateway Dressage Series 2022 / One Entry Form for each horse / rider combination

Entry Show Date Feb 26 – 27, 2022 March 26 – 27, 2022

		SATURDAY		
<i>Class #</i>	<i>Level & Class Name</i>	<i>Youth/ AA/ Open</i>	<i>Test # of Choice</i>	<i>Class Fee</i>
		SUNDAY		

ONE HORSE & RIDER COMBINATION and Show Date per entry form. Thank you

CREDIT CARD: Check One: VISA _____ MC _____
 PRINT CARD NUMBERS CLEARLY. Credit Card# _____

Expiry Date _____ / _____ CVV _____

Signature: _____

Inquiries Contact Ali Buchanan @ 778-928-5300

Email Entries to: alibuchanan1@gmail.com

Stall Deposit \$45.00 per stall on account. Stable with

Name of Stable Group

Total Tests # _____ @ \$ 35.00 per test	\$
Stabling / Tack/ _____ # stalls @ \$ 120.00 per stall	\$
RV Parking with Hookup @ \$ 110.00 per show	\$
Administration Fee @ \$ 40.00 per entry	\$ 40.00
Haul-In Fee # _____ Days @ \$ 35.00 per day	\$
Schooling Horse # _____ Days @ \$ 35.00 per day	\$
Any Other Fees (example \$25.00 Late Fee)	\$
Sub Total Fees	\$
X GST .05 %	\$
Total Entry Fees:	\$
Paid by Visa _____ MC _____ Cheque _____	

Email - Please Print Clearly

Gateway Dressage Series – ENTRY AGREEMENT

Assumption of Risk, Waiver and Indemnification.

This document waives important legal rights. Read it carefully before signing

_____ I AGREE in consideration for my participation riding on "Thunderbird Show Park" private property grounds at any time during the "Gateway Dressage Series" equestrian events to the following:

_____ I AGREE that I choose to participate voluntarily in the event with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports at the "Thunderbird Show Park" activities involves inherent dangerous risks of accident, loss, serious bodily injury including broken bones, head injuries, trauma, pain, suffering, death and or "Harm".

_____ I AGREE to release "Thunderbird Show Park" from all claims for money damages or otherwise for any "Harm" to me or my horse and for any "Harm" caused by me or my horse to others, even if the "Harm" resulted, directly or indirectly, from the negligence of Thunderbird Show Park, employees, contractors, volunteers or exhibitors.

_____ I AGREE to expressly assume all risks of "Harm" to me or my horse, including Harm resulting from the negligence of the "Thunderbird Show Park", officials, officers, directors, employees, agents, personnel, volunteers, or any other affiliate organizations or participant of the event.

_____ I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred at "Thunderbird Show Park" and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Thunderbird Show Park "Gateway Dressage Series" Events.

_____ I am a parent or guardian of a youth exhibitor under 19 years of age, and I consent to the youth's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Entry Agreement on of the youth competitor's behalf.

_____ I AGREE that "Thunderbird Show Park" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

BY SIGNING BELOW, I AGREE to be bound by all competition rules, provisions, specifications, and or accept all event management decisions that apply to provisions of this entry:

Rider Name _____ **Date** _____

Signature _____ **HCBC Member #** _____

Owner Name _____ **Date** _____

Signature _____ **HCBC Member #** _____

Person Responsible Print _____ **Date** _____

Signature _____ **HCBC Member #** _____

Youth Rider Name _____ **Date of Birth** _____

Parent/ Guardian Name _____ **PHONE** _____

Guardian Signature _____ **Date** _____

THUNDERBIRD SHOW PARK

Certificate of Vaccinations

One form per horse to be completed by veterinarian and submitted to the Competition Office prior to receiving competition number.

Name of Horse (as entered in competition): _____

Name of Owner: _____

Date and Name of Most Recent Vaccinations

Date for EHV-1/4 (Rhinopneumonitis): _____ Name of vaccine: _____

Date for EIV (Influenza): _____ Name of vaccine: _____

OR

Date for Combination Flu/Rhino: _____ Name of vaccine: _____

Per Equestrian Canada Article 519A - Vaccinations: The horse named above has been enrolled in a regular and consistent program of vaccination against EHV-1/4 and EIV with the most recent booster being within six (6) months (+21 days grace period) but not 7 days prior to arrival of the competition start date.

Veterinarian (please print): _____

Veterinarian Signature: _____

Date Signed: _____

Person Responsible (18+ years of age): _____

The horse named above has not shown any symptoms of, or been treated for, EHV-1/4 and EIV within the past 28 days.

The horse named about has not been exposed to any horses that have shown any symptoms of or been treated for, EHV-1/4 and EIV within the past 28 days.

Horses not in compliance with this rule will be asked to leave event site at the discretion of competition management.

I, _____ (print name) agree with the above statements.

_____ (Signature) Date: _____

Please email completed form to alibuchanan1@gmail.com prior to arrival on Show Grounds.

