

Alhambra Victory Tack Derby 2011

May 29th

**A fun day out competing on a Cross-Country course
with Stadiumjumps mixed in.**

Closest to optimum time with least faults wins.

Pre Entry, Entry, Pre Training and Training divisions are offered.

Price is \$85.00 for two rounds, best round counts.

Closing date is May 26 for received in hand entry's.

If you want to make a weekend out of it there is a:

Derby Clinic

May 28

Two lessons;

**One Stadium with Billi Solverson and
one Cross Country with Kathy Playdon.**

Price is \$75.00 for the two lessons.

Limited space, closing date May 26th received in hand.

**With Entry form please attach signed waiwer and cheque,
plus a seperate cheque for \$20.00 for stable deposit/cancellation fee.**

Vet or medical certificate required for cancellation.

Limited indoor stabling available for first-come-first-served.

\$40.00 for the weekend.

Outdoor stabling also available.

\$15.00 per day.

Alhambra Victory Tack Derby/Clinic 2011

Entry Form

Participant Information

| | | | |
|------------------|-----------|----------------------|------------|
| Name of Rider: | | | |
| Name of Horse: | | | |
| Derby Division: | | | (one only) |
| Clinic Division: | | | (one only) |
| AEF #: | | | |
| AHTA #: | | | |
| Address: | | | |
| | | | |
| Phone #: | | | |
| Cell #: | | | |
| E-Mail Address: | | | |
| | | | |
| | | | |
| | | | |
| | Stabling: | \$40 Indoor/Weekend: | |
| | | \$15 Outdoor/Day: | |
| | | \$85 Derby | |
| | | \$75 Clinic | |
| | | TOTAL: | |

Special Note:

Please do not forget to sign Waiver and provide a separate check of \$20.00 for the stall deposit/cancellation fee. Thank-You!

Please deliver or send your Entry Form and Cheque to:

Ulrika Wikner

Box 10, Site 7, RR #4

Red Deer, Alberta, Canada

T4N 5E4

Phone: 403.340.0270

Fax: 403.342.7050

Email: ulrika@alhambrastables.com

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “FOR PARTICIPANTS 18 OR OLDER”

PLEASE PRINT CLEARLY

PARTICIPANT'S NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____
CITY: _____
PROV: _____ POSTAL CODE: _____

EVERY PERSON MUST READ AND UNDERSTAND THIS FORM BEFORE PARTICIPATING IN EQUINE ACTIVITIES

To: Alhambra Stables
(Name of Person, Organization or Company providing the Equine Activities)

their directors, employees, officers, volunteers, business operators, and site property owners. (collectively called the HOST)

INITIAL EACH ITEM BELOW AFTER READING AND UNDERSTANDING THE ITEM

- ____ 1. **I Understand** there are **DANGERS, HAZARDS** and **RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “**RISKS**” are a common occurrence.
- ____ 2. **I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
- The propensity of an equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.
 - The unpredictability of an equine’s reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
 - The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- ____ 3. **I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities.
- ____ 4. **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.
- ____ 5. **In addition to consideration given for my Participate in Equine Activity, I and my heirs, executors, administrators and assigns** (collectively called my “**Legal Representatives**”) agree
- **To Waive All Claims that I might have against the “HOST”**, and
 - **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I or my “Legal Representatives” might suffer as a result of my Participation due to any cause whatsoever **including any NEGLIGENCE ON THE PART OF THE “HOST”**, and
 - **To HOLD HARMLESS AND INDEMINFY THE “HOST”** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form, waives certain legal rights I or my “Legal Representatives” might have against the “HOST”.

SIGNED This _____ day of _____, 20____

(PRINT NAME OF HOST WITNESS TO SIGNING & INITIALING)

(SIGNATURE OF PARTICIPANT)

(SIGNATURE OF HOST WITNESS)

DO NOT SIGN UNTIL YOU UNDERSTAND ALL ITEMS ABOVE

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “FOR PARTICIPANTS NOT 18 YEARS OLD”

PLEASE PRINT CLEARLY

INFANT PARTICIPANT’S NAME: _____ DATE OF BIRTH: _____
INFANT’S ADDRESS: _____ CITY: _____ PROV: _____ POSTAL: _____

GUARDIAN’S NAME: _____ DATE OF BIRTH: _____
GUARDIAN’S ADDRESS: _____ CITY: _____ PROV: _____ POSTAL: _____

THE GUARDIAN MUST READ AND UNDERSTAND PRIOR TO THE INFANT PARTICIPATING IN EQUINE ACTIVITIES

To: Alhambra Stables (NAME OF PERSON, ORGANIZATION OR COMPANY PROVIDING THE EQUINE ACTIVITIES)

their directors, employees, officers, volunteers, business operators, and site property owners. (collectively called the HOST)

INITIAL EACH ITEM BELOW AFTER READING AND UNDERSTANDING THE ITEM

- ____ 1. **I am the Parent and/or legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with **the intent that this form be binding on myself and infant Participant for all legal purposes.**
- ____ 2. **I Understand** there are **DANGERS, HAZARDS** and **RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these **“RISKS”** are a common occurrence.
- ____ 3. **I Acknowledge** that the Inherent **“RISKS”** of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
 - The propensity of an equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.
 - The unpredictability of an equine’s reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
 - The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- ____ 4. **I Freely Accept and Fully Assume All Responsibility** for the Inherent **“RISKS”** and the possibility of personal injury, death, property damage or loss resulting from the infant being a Participant.
- ____ 5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.
- ____ 6. **In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”)** agree
 - **To Waive All Claims that I or the infant participant might have against the “HOST”**, and
 - **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the infant Participant or our “Legal Representatives” might suffer as a result of the infant’s Participation due to any cause **including any NEGLIGENCE ON THE PART OF THE “HOST”**, and
 - **To HOLD HARMLESS AND INDEMINFY THE “HOST”** from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant’s Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “Legal Representatives” might have against the “HOST”.

SIGNED This _____ day of _____, 20____

(PRINT NAME OF HOST WITNESS TO SIGNING & INITIALING)

(SIGNATURE OF PARTICIPANT)

(SIGNATURE OF HOST WITNESS)

(SIGNATURE OF PARENT/GUARDIAN)

DO NOT SIGN UNTIL YOU UNDERSTAND ALL ITEMS ABOVE