



Kim Kirton Clinics
May 2nd-3rd and May 4th-5th 2024
Windsor Arena, Windsor NS

YOUR INFORMATION:

Full Name: _____ NSEF#(Required): _____

Address: _____

City: _____ Prov./Territory: _____ Postal Code: _____

Phone: _____ Email (Required) _____

Emergency Contact Name: _____

Relationship of Emergency Contact: _____ Emergency Contact Phone: _____

Dietary/Medical Information (if necessary): _____

REGISTRATION INFORMATION (stall included)

Clinic A (May 2-3)

Fee \$475

- Dry stall One Night Included
- Deposit (NON REFUNDABLE)\$100

Clinic B (May 4-5)

Fee \$475

- Dry Stall One Night Included
- Deposit (NON REFUNDABLE) \$100

BACKGROUND INFORMATION:

Age of Rider: _____ Years of Riding Experience: _____ Horse ___ Pony ___ Height _____

Do You Currently Work with an Equestrian Canada Certified Instructor/Coach? Yes _____ No _____

If yes, what is your Instructor/coach/trainer name: _____

If competing in 2024, at what division and height?

_____ Please supply any additional information that may benefit the clinician and so we can fit you in an appropriate group.

AUDIT REGISTRATION – NOTE Riding sessions are interactive, Kim will take questions at end of each session, coach approved for CE credit.

Arena Pass Per Day \$25 _____ Name: _____

NOTE ALL JUNIOR RIDERS WILL RECEIVE TWO PASSES TO ACCOMADATE PARENT/PERSON RESPONSIBLE, ADULT RIDERS WILL RECEIVE ONE

All Inclusive Four Day Pass \$ 75 _____ Name: _____

TOTAL: \$ _____

PAYMENT AND CONTACT INFORMATION

Deposit of \$100 and waiver MUST accompany this registration to secure your spot.

ALSO ADD your \$50 Stall Clean Deposit Fee with your application. See Registration Summary at end. All fees are non-refundable- exception if a written medical/veterinary letter received and 24 hours cancellation notice in advance. Your deposit is non refundable. Transfer's can be sent horsesatwork@gmail.com. Exact cash amount is acceptable.

*Jill Barker, USC Horses At Work 44 Old Cemetery Road, Sweets Corner, N.S. B0N 2T0
www.horsesatwork.weebly.com 902.476.9955*

REMINDERS, RULES AND CONDITIONS

1. Please note that completion of the Application form does not necessarily mean that you will be chosen to participate in the riding sessions. You will be notified to confirm arrival/riding times once the application, waiver and payment are received.
2. Horses observed causing serious problems and or being a danger to itself, other horses, or personnel will be asked to leave the premises immediately.
3. An approved ASTM/SEI approved equestrian helmet must be worn at all times while mounted.
4. Riding participants should wear appropriate riding attire. Show clothing is not required but we ask that all clothing and equipment be clean and in good condition to show the appropriate respect to the clinician.
5. All stalls will be assigned. Stall changes will not be permitted. Stalls must be cleaned before leaving grounds, Stall Clean Deposit of **\$50** required with registration.
6. Horses At Work nor the Windsor Agricultural Society accepts any responsibility for lost or stolen items. All items including horses, tack, equipment, vehicles, trailers are left at your own risk.
7. Riders/handlers are responsible for providing all bedding and necessary feed for their horse while on-site. In addition, they will also be expected to manage cleaning of their horses stall.
8. A signed "Acknowledgment of Risk" and "Release of Liability" waivers are required with this registration. If you are under 18 years of age your parent or guardian will be required to sign these forms.

PLEASE CONTINUE TO THE NEXT PAGE.....

- 9. Riders are responsible for being at the venue and in the ring at scheduled time; there will be no delays or refunds for late participants. Riders are expected to have their horses "warmed up".
- 10.No dogs are allowed in the designated riding areas.
- 11. There may not be a canteen on the grounds.
- 12. I give my expressed consent for organizers of this event to use photos/media for promotional purposes, including but not limited to social media.
- 13. Information and updates will be posted to the Horses At Work Facebook page.

REQUIRED SIGNATURE

Please check the box below to confirm you have read the Rules and Conditions for the symposium.

I have read and agree to the Rules and Conditions above

Applicant Name: _____ Applicant Signature: _____

Date: _____

If applicant is under the age of 18, signature is required on behalf of the applicant.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Person Responsible: _____ Person Responsible Signature: _____

HORSE REQUIREMENTS

Bio-Security is a key and foremost concerns for our equines. All participants must be able to provide proof of vaccinations for Influenza _____ and EHV 1-4 _____.

Person Responsible: _____ Person Responsible Signature: _____

REGISTRATION SUMMARY

Riding Session Fee: \$ _____ Deposit \$100 Paid _____

Stall Deposit Fee: \$ 50.00_ Included with application

Audit Pass: \$ _____

TOTAL: \$ _____

E-transfer's can be sent horsesatwork@gmail.com. Exact cash amount is acceptable.

DEADLINE TO REGISTER IS APRIL 14TH but this clinic usually fills quickly!

**Windsor Agricultural Society/Hants County Exhibition
the "Organization"**

Facility Use Waiver

WAIVER OF LIABILITY FOR ALL CLAIMS AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

Completed waivers must be returned prior to entry and use of the Organization's facilities. This waiver does not affect accident and out-of-country travel insurance provided by the Organization where applicable.

By signing below, the Participant (named below) and/or the Participant's Guardian understands and acknowledges, the risks, dangers, and hazards which are inherent on entering all lands, properties, facilities, structures, installations, vehicles or equipment owned, leased, operated or otherwise controlled by the Organization (the "**Premises**"), which risks include, but are not limited to: the potential for bodily injury or illness (including contraction of COVID-19); contact or interaction with others who may have been exposed to COVID-19; close proximity to or contact with surfaces, equipment, fixtures, or other objects that, despite the Organization's efforts, may be infected with COVID-19 or other communicable illnesses; permanent disability, paralysis, or loss of life; collision with natural or manmade objects; tripping hazards; imperfect venue or field of play conditions; equipment failure; participants of varying skill levels; the negligent use of the Premises by others; inadequate safety measures or unsafe Premises; other circumstances known, unknown or beyond the control of the Organizer, its partners, sponsors, agents, affiliates, directors, employees, officers, therapists, or volunteers (together, the "**Releasees**"); or negligence or omission of the Releasees (collectively, the "**Risks**").

In consideration for allowing the Participant to use the Premises, the Participant and/or the Participant's Guardian: (a) release, discharge and forever hold harmless the Releasees from any and all liability for damages or loss arising as a result of the Risks arising from entry into or use of the Premises; (b) waive any right to sue the Releasees in respect of all causes of action (including for injuries or illness caused by their own negligence), claims, damages or losses of any kind that may arise as a result of the Risks or in connection with entry into or use of the Premises, including without limitation the right to make a third party claim or claim over against the Releasees arising from the same; and (c) freely assumes all risks associated with the Risks or anything incidental to the Risks, which may arise as a result of or in connection with use of the Premises. **YOU ARE GIVING UP LEGAL RIGHTS TO ANY AND ALL FUTURE CLAIMS AGAINST THE ORGANIZATION AND RELEASEES.**

I confirm that I have read and fully understand this waiver and release of liability. I sign this waiver and release of liability voluntarily without any inducement, assurance, or warranty being made to me.

Print Name: _____
the "**Participant**"

Date of Birth: _____
(mm/dd/yyyy)

Print Name: _____
the "**Guardian**" (if Participant is a minor)

Signature: _____
Participant or Guardian for minor

Date: _____
(mm/dd/yyyy)