## MILNER DOWNS SCHOOLING SHOW

June 24, 25 & 26, 2016

## **ENTRY FORM**

## **OWNER INFO**

Name:		HCBC No	
Address:		Phone No.	
City:		Province: Postal Code:	
E-Mail:			
HORSE/PONY INFO			
Name:		Trainer/Stable with:	
RIDER INFO			
Name:	Phone No	HCBC No	
Address:	D.O.B. (Jr.) _	Age Div	
City:		Province: Postal Code:	
Competition with my horse, as a rider, drive am fully aware and acknowledge that horsinjury including broken bones, head injuri Milner Downs Equestrian Centre (2005) Lotherwise for any Harm to me or my horse the Releasees. I AGREE to expressly as Releasees. I AGREE to indemnify (that is respect to claims for Harm to me or my hunderstand that I may wear protective equipat the same time WARNING that no protechereby consent to the Junior Exhibitor's parat the Competition on the Junior Exhibitor' and agree to all of its provision. I AGREE	er, handler, lessee, ow- se sports and the Con- ses, trauma, pain, suff- td., Horse Council BC e and for any injury to ssume all risks of Ha is, to pay any losses, orse, and for claims in pment without penalty tive equipment can gu rticipation in the Com- is behalf as their Legal E that the Releasees as tations. On SIGNING intry Agreement.	in this Competition to the following: that I choose to participate voluntary or agent, coach, trainer, or as a parent or guardian of a Junior Exhibit impetition involve inherent dangerous risks of accident, loss, and serior fering, or death ("Harm"). I AGREE to release Milner Downs Hold C, and the Competition (the "Releasees") from all claims for money, or others, even if the Harm resulted, directly or indirectly, from the negligarm to me or my horse, including Harm resulting from the negligen damages, or costs incurred by) the Releasees and to hold them harm made by others for any Harm caused by me or my horse at the Compy, and I acknowledge that the Releasees strongly encourage me that I do used against all injuries. If I am a parent or legal guardian of a Junior Empetition. I AGREE to assume all responsibilities and obligations of paral Guardian. I have read the rules as printed in the Prize List for the Computer of the Agreement, I AGREE to be bound by all applicable Rules of the Interval of the Interva	or. That us bodil ings Ltd lamage ( iigence ( ce of th iless wit etition. o so whill schibitor, ticipatio mpetitio s, agents
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Owner/Agent			
Rider:			
Parent/Guardian		Phone No.	

## Please circle your class number:

Saturday	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37	
Sunday	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37	
	Total No. of classes entered x \$14.00 =	
	Warm-up Day – Friday - \$25.00	
	Stall Fee - \$30 per day (including shavings)	
	Haul In Fee (\$25 per day)	
	Exhibition Fee	20.00
	Clean Out deposit \$25.00 (separate cheque or cash)	
	Sub-Total	\$

(a Deposit of \$ 50.00 is required at time of entry)

**GST @ 5%** 

**TOTAL** 

CREDIT CARD INFORMATION		
Card No:		
Name on Card:		
Expiry:	CSV:	
Card Holder's Signature:		