



# Aurora Summer Horse Show

June 4,5,6,7, 2020

Ponoka Ag Event Centre, Ponoka, Alberta

## American Saddlebred / All Breed ENTRY FORM

MAIL ENTRY FORMS, DOCUMENTS & FEES TO:

**Aurora Summer Horse Show**

Leslie Williams

404, 2834 Sagewood Gate, SW

Airdrie, AB T4B 0K7

**PLEASE PRINT LEGIBLY - ONLY ONE OWNER PER ENTRY FORM**

|                               |         |                      |                 |     |       |  |
|-------------------------------|---------|----------------------|-----------------|-----|-------|--|
| Name of 1 <sup>st</sup> Horse |         | Reg. No              | DOB<br>mm/dd/yy | Sex | Color | Please refer to<br>Fee Schedule<br>for Entry<br>Fees |
| Sire                          |         | Dam                  |                 |     |       |  |
| rider/driver/handler          | AEF     | <b>Class Numbers</b> |                 |     |       | \$   |
| ASSOCIATION                   | EC/USEF |                      |                 |     |       |  |
| rider/driver/handler          | AEF     | <b>Class Numbers</b> |                 |     |       | \$   |
| ASSOCIATION                   | EC/USEF |                      |                 |     |       |  |

|                               |         |                      |                 |     |       |  |
|-------------------------------|---------|----------------------|-----------------|-----|-------|--|
| Name of 2 <sup>nd</sup> Horse |         | Reg. No              | DOB<br>mm/dd/yy | Sex | Color | Please refer to<br>Fee Schedule<br>for Entry<br>Fees |
| Sire                          |         | Dam                  |                 |     |       |  |
| rider/driver/handler          | AEF     | <b>Class Numbers</b> |                 |     |       | \$   |
| ASSOCIATION                   | EC/USEF |                      |                 |     |       |  |
| rider/driver/handler          | AEF     | <b>Class Numbers</b> |                 |     |       | \$   |
| ASSOCIATION                   | EC/USEF |                      |                 |     |       |  |

|                               |         |                      |                 |     |       |  |
|-------------------------------|---------|----------------------|-----------------|-----|-------|--|
| Name of 3 <sup>rd</sup> Horse |         | Reg. No              | DOB<br>mm/dd/yy | Sex | Color | Please refer to<br>Fee Schedule<br>for Entry<br>Fees |
| Sire                          |         | Dam                  |                 |     |       |  |
| rider/driver/handler          | AEF     | <b>Class Numbers</b> |                 |     |       | \$   |
| ASSOCIATION                   | EC/USEF |                      |                 |     |       |  |
| rider/driver/handler          | AEF     | <b>Class Numbers</b> |                 |     |       | \$   |
| ASSOCIATION                   | EC/USEF |                      |                 |     |       |  |

Each person signing the entry form acknowledges that he/she has read the Entry Form and Assumption of Risk and agrees to the applicable terms, conditions, waivers, releases, indemnification and consent as set forth herein. Each person agrees the information is accurate to the best of his/her knowledge.

The Person(s) Responsible certifies that every horse listed on this entry form has met the requirements of Article A519, Vaccinations. See Rules of Equestrian Canada, Section A, General Regulations, Article A519, Vaccinations.

ALL Owners, Trainers, Riders, Drivers & Handlers MUST sign the Assumption of Risk. MINOR entrants MUST also have Parent or Guardian signature(s).

**OWNER** (as it appears on registration papers or contract) MINORS MUST NOT SIGN BUT MUST HAVE AN ADULT SIGNATURE  
Name \_\_\_\_\_ AHA \_\_\_\_\_

Address \_\_\_\_\_ EC/USEF \_\_\_\_\_

City, Province \_\_\_\_\_ Postal Code \_\_\_\_\_ AEF \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**TRAINER** (must be completed and signed by owner if there is no trainer)

Name \_\_\_\_\_ AHA \_\_\_\_\_

Address \_\_\_\_\_ EC/USEF \_\_\_\_\_

City, Province \_\_\_\_\_ Postal Code \_\_\_\_\_ AEF \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**STABLE WITH:** \_\_\_\_\_

Use common stabling name. Requests for joint stabling must be sent in the same envelope.

|                            |       |
|----------------------------|-------|
| <b>FOR OFFICE USE ONLY</b> |       |
| Cheque #                   | _____ |
| Amount of Cheque \$        | _____ |
| Name on Cheque             | _____ |

**ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION FORM  
MUST ALSO BE COMPLETED AND SIGNED.**

**ENTRIES CLOSE May 18, 2020**

Total Class Fees (from above) \$ \_\_\_\_\_

\_\_\_\_ Horse/Tack Stall \$110.00 \$ \_\_\_\_\_

\_\_\_\_ Office Fee \$30.00 per horse \$ \_\_\_\_\_

\_\_\_\_ RV Parking \$30.00 per night \$ \_\_\_\_\_

\_\_\_\_ Shavings \$9.00 per bag \$ \_\_\_\_\_

\_\_\_\_ Program \$5.00 \$ \_\_\_\_\_

\_\_\_\_ Early Move-In \$25.00 \$ \_\_\_\_\_

\_\_\_\_ Late Entry Fee \$25.00 \$ \_\_\_\_\_

**SUBTOTAL Taxable \$ \_\_\_\_\_\***

**G.S.T. (5% OF SUBTOTAL Taxable) \$ \_\_\_\_\_\***

Aurora Arabian Horse G.S.T. #129467171

\_\_\_\_ Sponsorship \$ \_\_\_\_\_

\_\_\_\_ EC Drug Fee \$3.50 per horse \$ \_\_\_\_\_

**SUBTOTAL Non-Taxable \$ \_\_\_\_\_\***

**TOTAL ENCLOSED \$ \_\_\_\_\_**

(SUBTOTAL Taxable + G.S.T. + SUBTOTAL Non-Taxable)

Make Cheques Payable to:  
Aurora Arabian Horse Association (A.A.H.A.)

**Please Note, No Entry Will Be Considered Complete Without:**

- \* Full Payment
- \* Copies Of Registration Papers (both sides), ALL Membership Cards for Owners, Exhibitors, Trainers And Person Responsible.
- \* Veterinarian Vaccination Certificate OR Record of Vaccination – see Prize List for Details
- \* Completed Forms with Signatures

**ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION**

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

**EQUESTRIAN CANADA NOTICE:**

In the event an exhibitor participates in an Equestrian Canada sanctioned competition where protective headgear is required for Juniors, he/she will wear properly fitted and fastened approved headgear at all times while riding or driving at the event location. It is understood that Juniors not meeting this requirement will not be allowed to compete at these competitions.(A802.6)

I hereby certify that every horse entered on this entry form has met the requirements of Article A519, Vaccinations. See Rules of Equestrian Canada, Section A, General Regulations, Article A519, Vaccinations.

I hereby certify that every horse, rider and/or driver is eligible as entered and agree for myself and my representatives to be bound by the Constitution and rules of Equestrian Canada at this competition. It is hereby recognized that all equestrian sports involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hold harmless EC, the competition, their officials, organizers, agents, employees and their representatives. **The person responsible (PR) agrees to the release of any information on the entry form to EC. (A802.4)**

**Print Name of Person Responsible:** \_\_\_\_\_ **Signature of Person Responsible:** \_\_\_\_\_

**EC# for Person Responsible:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The Person Responsible** for a horse must be an adult who has, or shares, responsibility for the care, training, custody and performance of the horse and who has official responsibility for that horse under EC Rules and is liable under the penalty provisions of the Rules for any violation of the EC Rules. For the purpose of these Rules, the Person Responsible is normally the trainer, owner or the competitor who rides or drives the horse during an event, or a parent or legal guardian in the case of Junior competitors. The Person Responsible is ultimately responsible for the condition, fitness and management of the horse and is alone responsible for any act performed in the stables by himself or herself or by any other person with authorized access to the horse, or while the horse is being ridden, driven or exercised. The Person Responsible (PR) must be an EC Sport License holder in good standing OR in the case of a Junior/Minor owner entries, a parent/guardian is entitled to sign as PR. In the case of USEF member entries PR may also be a USEF member in good standing (see Article A213.2)

|  |                                  |                                 |                        |
|--|----------------------------------|---------------------------------|------------------------|
| <b>Owner** Must Be Adult</b>                       | Print Name                       | Signature                       | Emergency Phone Number |
| <b>Trainer ** Mandatory Must be Adult EC/USEF#</b> | Print Name                       | Signature                       | Emergency Phone Number |
| <b>Rider 1 ** Mandatory Must be Adult</b>          | Print Name                       | Signature                       | Emergency Phone Number |
| <b>Rider 2 Must be Adult</b>                       | Print Name                       | Signature                       | Emergency Phone Number |
| <b>Rider 3 Must be Adult</b>                       | Print Name                       | Signature                       | Emergency Phone Number |
| <b>Coach (if applicable) EC/USEF#</b>              | Print Name                       | Signature                       | Emergency Phone Number |
| Print Name of Minor                                | Print Name of Parent or Guardian | Signature of Parent or Guardian | Emergency Phone Number |
| Print Name of Minor                                | Print Name of Parent or Guardian | Signature of Parent or Guardian | Emergency Phone Number |

**MUST BE SIGNED IN AT LEAST 3 PLACES BY ADULTS ONLY**  
**EC/USEF Membership is not required for Parents/Guardians signing for minors.**  
**The Person Responsible (PR) MUST be an EC or USEF member in good standing.**

# VACCINATION DOCUMENTATION

Horse's Registered Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

City / Town: \_\_\_\_\_ Province / State: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

Name of Vaccine: \_\_\_\_\_

Serial Number of Vaccine: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

month

year

Date Administered: \_\_\_\_\_

day

month

year

Name of Vaccine: \_\_\_\_\_

Serial Number of Vaccine: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

month

year

Date Administered: \_\_\_\_\_

Equine Influenza

Rhinopneumonitis (Equine Herpes 1 & 4)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

All information is true and correct.

**ATTACH RECEIPT COPY OF THE VACCINE PURCHASE**