



Aurora Summer Horse Show
 June 4,5,6,7, 2020
 Ponoka Ag Event Centre, Ponoka, Alberta

MAIL ENTRY FORMS, DOCUMENTS & FEES TO:

Aurora Summer Horse Show
 Leslie Williams
 404, 2834 Sagewood Gate, SW
 Airdrie, AB T4B 0K7

Arabian ENTRY FORM

PLEASE PRINT LEGIBLY - ONLY ONE OWNER PER ENTRY FORM

Name of 1 st Horse		Reg. No	DOB mm/dd/yy	Sex	Color	Please refer to Fee Schedule for Entry Fees
Sire		Dam				
rider/driver/handler	AEF	Class Numbers				\$
AHA	EC/USEF					
rider/driver/handler	AEF	Class Numbers				\$
AHA	EC/USEF					

Name of 2 nd Horse		Reg. No	DOB mm/dd/yy	Sex	Color	Please refer to Fee Schedule for Entry Fees
Sire		Dam				
rider/driver/handler	AEF	Class Numbers				\$
AHA	EC/USEF					
rider/driver/handler	AEF	Class Numbers				\$
AHA	EC/USEF					

Name of 3 rd Horse		Reg. No	DOB mm/dd/yy	Sex	Color	Please refer to Fee Schedule for Entry Fees
Sire		Dam				
rider/driver/handler	AEF	Class Numbers				\$
AHA	EC/USEF					
rider/driver/handler	AEF	Class Numbers				\$
AHA	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.

FOR OFFICE USE ONLY	
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	\$ _____
____ AHA Resolution 9-90 (\$5.00+\$2.00 exchange) \$7.00 per horse	\$ _____
____ AHA Show Recognition (\$5.00+\$2.00 exchange) \$7.00 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.

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)

AHA ENTRY AGREEMENT

I have read the rules concerning competitions as printed in the Arabian Horse Association (AHA) Handbook / Directory and Competition Prize List and agree to be bound by and subject to those Rules.

In consideration for AHA permitting me to participate in this Competition, and by signing the entry blank, I agree as follows:

I AGREE that I choose to participate voluntarily in this Competition, as a rider, driver, handler, lessee, owner, agent, coach, trainer, Junior exhibitor, or as a parent or guardian of a Junior exhibitor. **I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN, AND SUFFERING, AND PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY.**

I AGREE for myself, my heirs, executors, administrators, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and all claims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition INCLUDING, BUT NOT LIMITED TO, DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises.

I AGREE to indemnify and hold harmless (that is pay all losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorneys' fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control.

I AGREE and represent that I am qualified and eligible to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered.

I AGREE to accept AS FINAL any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, EC or USEF Equestrian permit a protest or hearing of such decisions. Should a hearing be requested, I agree to accept AS FINAL the decision of the particular hearing body. I agree to release, hold harmless and not to sue AHA, the Competition Sponsor, their officers, directors, employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s)' qualifications to enter the Competition or any results of the Competition.

I AGREE that AHA has the sole right to control, sell, supervise or give away (or assign to others the right to do so) the exclusive rights to broadcast, televise, reproduce, transmit and disseminate all or part of this event, and I agree that AHA may use or assign, in any way AHA sees fit, photographs, films, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the Competition for the promotion, coverage or benefit of the Competition or AHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way which implies endorsement of any company, product, product category or service. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

By signing below as a parent or guardian of a Junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child.

This AHA Assumption of Risk, Release and Indemnification is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AHA, its officers, directors, employees, volunteers or agents shall be in the local district courts or the federal court of the State of Colorado. If any part of this agreement is determined to be unenforceable, all other parts shall remain effect.

Owner** Must Be Adult	Print Name	Signature	Emergency Phone Number
Trainer ** Mandatory Must be Adult EC/USEF#	Print Name	Signature	Emergency Phone Number
Rider 1 ** Mandatory Must be Adult	Print Name	Signature	Emergency Phone Number
Rider 2 Must be Adult	Print Name	Signature	Emergency Phone Number
Rider 3 Must be Adult	Print Name	Signature	Emergency Phone Number
Coach (if applicable) EC/USEF#	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
AHA/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