



Mail to:  
Amberlea Meadows  
RR #3 South Edmonton  
Edmonton, AB T6H 4N7  
Attn: Show entries  
Fax: 780-955-7755  
E-mail amberlea@myexcel.ca  
www.amberleameadows.com

**AMBERLEA MEADOWS  
2009 JUMP WITH HOPE FOR KIDS WITH CANCER  
HORSE SHOW  
ENTRY FROM  
ENTRIES CLOSE JULY 1, 2009  
JULY 8-12, 2009  
Please make cheques payable to: Amberlea  
Meadows  
Please fill out one form per horse**

For Office Use  
Only  
Entry #

Name of Rider	JR/ AM	ASJA #	AHHS #	EC#	AEF#	CET#
Address	City, Province		Postal Code		Phone #	
Horse—Name of Horse	Age	Color / Sex	Passport # EC ( ) FEI ( )		Pony Indicate size—circle one: <b>SM - MED—LARGE</b>	
Horse Owner Name:	Address		Telephone		E-mail	
City, Province		Postal code		Make Prize Money cheque ( ) Owner Payable to: ( ) Rider		
Trainer		Stable With:		Bedding : Straw ( ) Shavings ( )		
Division/class Number	#	#	#	#	#	#
Division/Class Entry Fees	\$	\$	\$	\$	\$	\$

**This Document will affect your legal rights and liabilities, Please read Carefully:**

I acknowledge that the sport of horses is a risk sport and that I am participating at my own risk and in full knowledge of the hazards which are inherent in this sport. I further acknowledge the inherent risks in riding and working around horses, which risks include bodily injury to both horse and rider which can result from normal use, competition, or schooling. It is hereby also understood that no helmet or protective equipment can protect against all foreseeable injury. In consideration of being allowed to participate in this event, I hereby assume all risk and I hereby release and absolve Amberlea Stables Ltd., their directors, officers, employees, volunteers, and representatives, and their personal representatives, for all responsibility, liability or claims of any nature and kind which I may have arising from my participation in this activity, including but not limited to bodily injury or death to myself or my horse(s) and damage to property arising from any cause whatsoever, including the negligence of one or more of the individuals and organizations referred to herein.

I hereby declare that in signing this document that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Signature of Rider \_\_\_\_\_ Date \_\_\_\_\_ 2009

If rider is under eighteen(18) years of age, the parent/legal guardian MUST sign below.

I acknowledge as parent/legal guardian of \_\_\_\_\_ that I have read and fully understand and agree to the terms and conditions stated herein on behalf of my child and myself.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_ 2009

Entry will not be accepted without Parent or Legal Guardian Signature.

Signature of Person Responsible \_\_\_\_\_ Date \_\_\_\_\_ 2009

The Person Responsible is the individual responsible and accountable for the care, training, custody and performance of the horse. The Person Responsible may be the trainer or may be an owner, rider, driver, agent or coach. The Person Responsible **must be an adult** and must hold an EC individual or group license (see A1011) except in the case of junior entries, parents or guardians are entitled to sign their child's entry form without holding an EC Sport License, provided they agree to abide by the rules and penalties contained in the Rulebook. (A214.2)

Entry will not be accepted without Parent or Legal Guardian Signature. Trainer Signature is not valid.

Total entry fees	
Admin. Fee	<b>40.00</b>
Stabling \$200 per stall # of stalls ___X	
Shavings #___ \$8 per bag	
Nomination fee	
Schooling Pass \$25	
Post Entry Fee \$50	
Subtotal	
GST5%	
Jump Canada Levy & Drug Test fee ASJA & AHHS Fee	<b>27.00</b>
Total	

PLEASE MAKE CHEQUES PAYABLE TO:  <b>PAYMENT MUST BE RECEIVED WITH ENTRY TO ACCEPT ENTRY</b> Please include a separate refundable number fee cheque for \$10.00	If you wish to pay with credit card, please fill out the information below: Card Number: _____ Type Visa <input type="checkbox"/> MC <input type="checkbox"/> _____ Authorized Signature: _____ Expiry Date _____ Name of Cardholder _____ Please print _____
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