

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



**AMBERLEA MEADOWS  
 2010 AMBERLEA MEADOWS SPRING WELCOME  
 HORSE SHOW  
 ENTRY FROM  
 ENTRIES CLOSE April 20, 2010  
 April 23-25 2010  
 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 Number		EC#	AEF#			
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 \_\_\_\_\_ 2010

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 \_\_\_\_\_ 2010

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

Signature of Person Responsible \_\_\_\_\_ Date \_\_\_\_\_ 2010

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 A801.6) **Entry will not be accepted without Parent or Legal Guardian Signature. Trainer Signature is not valid.**

**Please photo copy and attach copies of your current 2010 EC Membership & ASJA Alberta Show Jumping Association Membership Cards. Proof of 2010 current memberships is now a prerequisite to competing at all EC rated shows and is now required to accompany all of your entry forms.**

Total entry fees	
Admin. Fee & Medical Aid	\$50.00
Stabling \$125 per X of stalls___	
Stabling A Barn \$150 per X of stalls___	
Shavings # ___ \$9 per bag	
Schooling Pass \$25	
Post Entry Fee \$50	
Subtotal	
GST5%	
Drug Test fee	3.50
Total	

<p>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</p>	<p>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 _____</p>
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