



Mail to:
Amberlea Meadows
6645-156 St.S.W.
Edmonton, AB T6Y 0C1
Attn: Show entries
E-mail:
showoffice@amberleameadows.com
www.amberleameadows.com

**2024 AMBERLEA MEADOWS SPRING WELCOME
HORSE SHOW
ENTRY FORM**

ENTRIES CLOSE April 15, 2024

April 26 -28/ 2024

**Please make cheques payable to:
Amberlea Meadows**

Please fill out one form per horse

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For Office Use Only
Entry #

Media Release: Your signature on this page is consent for us to use photos of you and your horse, for show results and show promotional purposes only.
Circle: Yes No

Name of Rider		JR/ AM	AEF		Jump Alberta		EMAIL Rider:	
Address		City, Province		Postal Code		Phone #		
Name of Horse		Age	Color / Sex		Pony Indicate size—circle one: SM MED LARGE		RV PARKING \$40.00 per Day () Weekend \$120	
Horse Owner Name:		Address		Telephone		Owner AEF		
City, Province		Postal code		Make Prize Money cheque () Owner Payable to: () Rider				
Trainer		Stable With:		Bedding : Please pre-order shavings Shavings ()				
Class Number	#	#	#	#	#	#	#	#
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 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 Equine 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) Must be signed by the person responsible

Any horse entered in any class at a competition may be selected for equine medication control testing while at the event location.(A602.6)

Signature of Owner/Agent _____ Date _____ 2024

Signature of Rider _____ Date _____ 2024

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

I acknowledge as parent/legal guardian of _____ (here in after referred to as "the child") that I have read and fully understand and agree to the terms and conditions stated herein on behalf of my child and myself.

In the event that "the child" participates in an Equine 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.

Parent/Legal Guardian _____ Date _____ 2024

(A802.6) Must be signed by the parent/guardian.

Signature of Person Responsible _____ Date _____ 2024

Signature of person responsible (Article A1011: A person responsible for the care/custody, training and performance of the horse)

(A8027) "I hereby certify that every horse listed on this entry form has met the requirements of Article A519, Vaccinations.

Entry will not be accepted without Parent or Legal Guardian Signature. The Person Responsible must be and EC member is good standing.

Total entry fees	
Admin. Fee	\$90.00
Medical Aid	\$30.00
Stabling \$180per X of stalls____	
Stabling A Barn \$210per X of stalls____	
Shavings #____ \$11 per bag	
Schooling Pass \$40	
RV\$120 parking	
Post Entry Fee \$50	
Subtotal	
GST5%	
JA (AEF)Levy Fee	5.00
Total	

<p>PLEASE MAKE CHEQUES PAYABLE TO: AMBERLEA MEADOWS PAYMENT MUST BE RECEIVED WITH ENTRY TO ACCEPT ENTRY</p>	<p>If you wish to pay with credit card, please fill out the information below: Card Number: _____</p>
	<p>Visa <input type="checkbox"/> MC <input type="checkbox"/> Expiry Date _____ CSV _____</p>
	<p>Authorized Signature: _____ Name of Cardholder _____ Please print</p>
	<p>_____</p>