

RIDER NUMBER:
PAYMENT RECEIVED:

DREAMCREST FARM

2130 Shirley Rd, Port Perry Ontario, L9L 1B3
dreamcrestclinicsandshows@gmail.com, 905-260-4489

Winter Dressage Show: Sunday, March 25, 2018

Riders name: _____ OEF #: _____

Horse's name: _____

Address _____ P.C: _____

Phone #'s _____ e mail: _____

Registration:

Please list what tests you will be riding (\$40/test)

Test 1 _____

Test 2 _____

***Please provide a hard copy of the tests to be judged, along with your entry form and fees.**

School horse rental charge (includes coaching) ----- \$20

----- ENTRIES CLOSE MONDAY, MARCH 19, 2018 -----

Test Fee \$ _____

School horse fee \$ _____

HST (13%) \$ _____

TOTAL \$ _____

Waiver of Liability

I fully understand that participating in horseback riding and related activities are very dangerous. I accept and assume all risks of injury including death to me and my family members or my property. In exchange for being permitted to participate in these activities, for myself, my heirs, guardians and legal representatives, I release and agree not to make or bring any claim of any kind against Dreamcrest farm owners, officials, servants, employees, representatives, officers, directors officers, agents and directors for any injury including death, and for any liability however caused to me, my family or any damage to my property, arising out of my or my families participation in these dangerous horseback riding or related activities.

Signature (Parent or Guardian if under 18)

Rider signature _____