

NSEF Western and English Dressage Symposium

May 5th-6th, 2018

Five Fires Equestrian Centre, 1554 Pleasant Valley Road, Green Creek, Nova Scotia

Athletes, coaches, and officials will have an opportunity to learn about Western and English Dressage by interactive participation in the symposium. The feedback from both riding and non-riding participants at last year's event was overwhelmingly positive and included the difference made in a short period of time.

About the presenter: Brian MacMahon has a Bachelor of Science in Chemistry and a Masters of Business Administration from the University of Miami. In addition to being a Bronze, Silver and Gold medalist USDF, he is a USEF "R" western dressage judge and USEF "r" dressage judge. In 1994-1995, he worked and trained in Sweden for Elizabeth Lundholm. Brian runs a training facility in North Florida with ten horses in training as well as coaches and offers clinics in Florida, Georgia, Alabama, North Carolina, and Pennsylvania. He has coached 12 students to their gold medal, 20 to their silver, and over 30 to their bronze as well as trained over 20 horses to the FEI level.

"Brian is an excellent presenter and has a great knowledge of the differences between Western and English Dressage." - 2017 Participant

"I became a western dressage judge because I believe the training scale is an excellent venue for western horses. I am excited to be a part of this rapidly growing equestrian sport." – Brian MacMahon

Clinic Structure (subject to change):

Day One - Saturday, May 5th - 10:00am-6:15pm

-Registration

-Overview of Dressage (Western and English)

-Arena Sessions

Two Group Sessions – Each 4-athlete group session will last 1.5 hours

5 Individual Sessions – Each individual session will last 45 minutes

Day Two – Sunday, May 6th - 9:00am-5:00pm

-Arena Sessions – 13 Individual Sessions – Each session will last 30 minutes

-Questions and Answer Session – All participants will be able to participate in questions and answers with the presenter

PLEASE NOTE: Participants and horse owners must be NSEF members. As per NSEF Policy, **all participants must wear an approved safety helmet** while mounted on the facility grounds. Nutrition Breaks will be provided.

Individuals can pack a lunch or go to one of the many restaurants within driving distance of the event location (Brookfield, Truro)

Registration Deadline: March 30th, 2018 – No refunds will be granted after this date.

NSEF Western and English Dressage Symposium Registration Form

First Name	Last Name	NSEF# (or Home PSO) - Mandatory
Address	City/Province	Postal Code
Phone	Email	Birthdate (Y/M/D)

Payment Notes: There will be NO refunds after March 30th.

Riding Participant registration must be emailed or phoned in to Sheila at the NSEF Office. Riding spaces will be filled on a first come first serve basis and preference will be given to those riding both days.

Non-riding Participants (Auditors) can pay online at the www.horsenovascotia.ca/Shopping or submit registration form to NSEF office. Please note that space is limited.

	Both Days	Saturday Only	Sunday Only	Payment
Riding Participant Group Session (plus stall fee if want a stall)	\$250.00	\$150.00	\$150.00	
Riding Private Session (plus stall fee if want a stall)	\$325.00	\$200.00	\$200.00	
Stall Fee (Friday evening to Sunday Evening) *If need additional night please contact Sheila	\$35.00	\$20.00	\$20.00	
Non-Riding Participant (Auditor)	\$75.00	\$50.00	\$50.00	
Total Payment				

A 10% administration fee will be applied to refunds requested before March 30th. **NO refunds will be granted after the March 30th deadline or for no-shows.** The NSEF reserves the right to cancel session(s) due to unforeseen circumstances or insufficient advance registration. If the NSEF cancels the course, you can credit the amount to the next course or request a refund in writing. The NSEF cannot accept responsibility for expenses incurred as a result of the cancellation of a course.

PAYMENT TYPE: <input type="checkbox"/> -Online <input type="checkbox"/> -Cheque <input type="checkbox"/> -Money Order <input type="checkbox"/> -MasterCard/Visa <input type="checkbox"/> -Cash (in office only - please call ahead)		
VISA/MASTERCARD PAYMENT INFORMATION: Total Credit Card Payment Enclosed: _____ (Add Admin Fee \$3.00)		
Name on Credit Card:	Signature:	
Credit Card Number	Expiry Date	Verification Code (located on the back of the card)

Riding Participant Profile:

Horse Name: _____ Horse Age: _____ Sex of Horse: _____

Dressage Level of Athlete (rider): _____ Level of horse: _____

How long have you been riding?: Dressage _____ Other _____

Do you have a particular skill on which you would like to focus?: _____

Lesson Preference (cannot guarantee placement preference): Morning _____ Afternoon _____

Other Information or Requests: _____

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “For **Participants 19 or Older**”

Please Print Clearly

Participant’s Name: _____ Date of Birth: _____

Address: _____ City: _____ Prov: _____ Postal: _____

Every Person must Read and Understand this form before Participating in Equine Activities

TO: Nova Scotia Equestrian Federation (NSEF), their directors, employees, officers, volunteers, business operators, and site property owners. (all of them collectively called the HOST)

Initial each item below After Reading and Understanding the item

____ **1. I Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “**RISKS**” are a common occurrence.

____ **2. I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
- The unpredictability of an equine’s reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

____ **3. I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities.

____ **4. I Acknowledge** that it remains my **Sole Responsibility** to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits.

____ **5. In addition to consideration given for my Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**

- **To Waive All Claims that I might have against the “HOST”;** and
- **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I or my “Legal Representatives” might suffer as a result of my Participation due to any cause whatsoever **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
- **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form, waives certain legal rights I or my “Legal Representatives” might have against the “HOST”.

SIGNED This _____ day of _____ 20 _____

(Print Name of HOST Witness to signing & initialing)

(Signature of Participant)

(Signature of HOST Witness)

Do Not Sign until you Understand All Items Above

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “For **Participants Not 19 Years Old**”
Please Print Clearly

Infant Participant’s Name: _____ Date of Birth: _____

Infant’s Address: _____ City: _____ Prov: _____ Postal: _____

Guardian’s Name: _____ Date of Birth: _____

Guardian’s Address: _____ City: _____ Prov: _____ Postal: _____

The Guardian must Read and Understand prior to the Infant Participating in Equine Activities

TO: Nova Scotia Equestrian Federation (NSEF) their directors, employees, officers, volunteers, business operators, and site property owners. (all of them collectively called the HOST)

Initial each item below After Reading and Understanding the item

___ **1. I am the Parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with **the intent that this form be binding on myself and infant Participant for all legal purposes.**

___ **2. I Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these **“RISKS”** are a common occurrence.

___ **3. I Acknowledge** that the Inherent **“RISKS”** of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
- The unpredictability of an equine’s reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

___ **4. I Freely Accept and Fully Assume All Responsibility** for the Inherent **“RISKS”** and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.

___ **5. I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.

___ **6. In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**

- **To Waive All Claims that I or the infant Participant might have against the “HOST”;** and
- **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the infant Participant or our “Legal Representatives” might suffer as a result of the infant’s Participation due to any cause **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
- **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant’s Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “Legal Representatives” might have against the “HOST”.

SIGNED This _____ day of _____ 20 _____

(Print Name of HOST Witness to signing & initialing)

(Signature of Participant)

(Signature Host Witness)

(Signature of Parent/Guardian)

Do Not Sign until you Understand All Items Above