



## NSEF Western Athlete Clinic

July 23, 2018

Centre 200, Sydney, Nova Scotia

Athletes and coaches will have an opportunity to receive essential riding skills for Western Disciplines by a highly respected certified official and coach.

About the Clinician: Wendy Johnston from Bowden, Alberta has been working as an Equine Science Lecturer and coach for over 30 years currently employed at Olds College. Wendy is a certified NCCP Competition Coach Specialist and a NCCP Coach Developer. She is also a certified Equestrian Canada and Alberta Equestrian Federation General Performance and Western Judge. Wendy is an active competitor in the sport of Reining.

### ***Clinic Structure (subject to change):***

#### **8:45am-4:00pm**

8:45am Registration

9:00am-3:30pm Arena Sessions

- Lunging Demonstration and Individual Lunge Lessons (30 minutes long including feedback)
- Group riding lessons on riding basics  
(4 person group lesson will be 1.5 hours long or semi-private 2 people for 45 minutes)
- Group Riding lessons on improving your reining skills  
(4 person group lesson will be 1.5 hours long or semi-private 2 people for 45 minutes)

3:30-4:00pm Questions and Answers

A more detailed schedule will be sent to participants via email after the registration deadline.

Individuals are responsible for lunch and nutrition breaks. There will be a half hour lunch break during the day.

**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.

Riding spaces will be filled on a ***first come first serve*** basis (registration form can be submitted by email or fax).

**Registration Deadline: July 12<sup>th</sup>, 2018**

Nova Scotia Equestrian Federation 5516 Spring Garden Road, 4<sup>th</sup> Floor, Halifax, NS, B3J 1G6  
Fax: 902-425-5606 Phone: 425-5450 ext. 337 [www.horsenovascotia.ca](http://www.horsenovascotia.ca)

## NSEF Western Athlete Clinic Registration Form

<b>First Name</b>	<b>Last Name</b>	<b>NSEF# (or Home PSO) - Mandatory</b>
<b>Address</b>	<b>City/Province</b>	<b>Postal Code</b>
<b>Phone</b>	<b>Email</b>	<b>Age</b>

**Once your lesson has been confirmed, there is no payment refund. No refund for auditors.**

Riding spaces will be filled on a **first come first serve** basis (registrations can be submitted by email or fax).

Non-riding Participants (Auditors) can pay online at the [www.horsenovascotia.ca/Shopping](http://www.horsenovascotia.ca/Shopping).

Participants may choose to take a lunge lesson and group riding lessons if they are interested in both types of lessons.

	Fee	Payment
Lunge Lesson Individual Session	\$60.00	
4 Athlete Group Riding Lesson (includes one support person)	\$90.00	
2 Athlete Semi-Private Riding Lesson (includes one support person)	\$90.00	
Stall Fee (Sunday evening to Monday at 6:00pm) Participants are responsible for bedding, feed, and clean up	\$20.00	
Non-Riding Participant (Auditor)	\$20.00	
<b>Total Payment</b>		

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 <small>(in office only - please call ahead)</small>		
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: \_\_\_\_\_

Riding Experience (Human Athlete): Beginner    Novice    Advanced

Riding Experience (Equine Athlete): Beginner    Novice    Advanced

Particular skill or area of improvement on which you would like to focus? \_\_\_\_\_

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**