

RISING STARS

ENTRY PACKAGE

**DO NOT PRINT DOUBLED SIDED WITH THE FOLLOWING
EXCEPTIONS:**

ENTRY FORM-Pages 2 and 3

U19 WAIVER-Pages 4 and 5

ALL OTHER PAGES REQUIRED MUST BE SINGLE SIDED

ENTRY CHECKLIST

- Have you read the prizelist completely?
- Have you circled which show you are entering?
- Have you entered the correct age category-the age you will be December 31, **2017**?
- Have you have included your birth date and e-mail address on the form?
- Are you the owner of this horse? If yes, write "same as rider". If no, please make sure that **all** Owner's information including e-mail address is completed and the Owner has signed the form.
- Have you completed all the information regarding the horse? Height, sex and colour are mandatory. If you don't know, mark "unknown" or "n/a" in the box.
- Have you included your stable group if you want to be stabled with someone? Remember that you must assign a name to your group even if it's only 2 people. We will not stable by individual names (i.e. don't ask to be stabled with Mary Smith and Jane Doe).
- Have you included the HCBC membership # for both the Owner and the Rider? **HCBC is not required for US riders.**
- Have you included your EC membership number? If you do not have a current EC membership include a completed Temporary EC Sport License form from the entry package and add \$45.00 to you entry fees. If you have not been a member of EC before –a bronze membership only costs \$25.00-go to the EC website to join. **If you are a US rider you must include a copy of your current USEF membership card instead.**
- Have you included the Owner's EC membership #? If the Owner does not have a current EC membership include a completed Temporary EC Sport License form from the entry package and add \$45.00 to you entry fees –see note regarding first time members above. **If this is a US Owner you must include a copy of the Owner's current USEF membership card instead.**
- Have you included the correct fully completed waiver? (Note that the Under 19 waiver is two pages-don't miss initially the clause at the top of page 2 and the Over 19 waiver is only one page). **Every clause must be initialled.**
- Have the person responsible, rider and parent or guardian signed the entry form unless the rider is 19 and over? All riders regardless of age must sign the form. **There must be a signature for person responsible.**
- Have you included a separate stall deposit cheque? You must include a cheque for **each** horse if you are stabling. If you are entering by email you must bring a stall deposit cheque to the show or you will not receive your entry package.
- Have you included all the required fees? The Administration fee and Drug fee and Dressage Canada Levy are mandatory - pay the drug fee for the applicable show only. If you are cross entering in the Pleasure Pairs class you only have to pay the EC gold drug fee.
- Have you included a **separate** cheque for each horse/rider combination? Do not put more than one entry on your cheque.
- Have you included this completed entry checklist with your entry?

For Gold show only:

- Is Your EC membership a Gold membership-If no add a \$20.00 upgrade fee from silver or \$40.00 from bronze to your entry.
- Is Your Dressage Canada membership noted on you EC membership card-If no you must sign up on the EC website and provide proof of payment with your entry. **US Riders do not require Dressage Canada membership.**
- Is the Owners EC membership a Gold membership- If no add a \$20.00 upgrade from fee silver or \$40.00 from bronze to your entry.
- Does your Horse have 2017 Annual Horse Recording Certificate? If no, you must complete a Temporary Horse Registration Form from the entry package and add \$45.00 to your entry fee. **If you are a US rider you must provide a completed Affidavit for Foreign Owned Horses form from the entry package instead-there is no fee for the Affidavit.**

INCOMPLETE/INCORRECT ENTRIES WILL NOT BE PROCESSED

GOLD
(Circle applicable show)

RIISING STARS YOUTH DRESSAGE SHOW
August 25,26,27 2017

BRONZE
(Circle applicable show)

Riders Name:		Date of Birth:		Entry #	
Address:					
City:			Province:		Postal Code:
Phone:	HCBC#	EC#	Email:		
Owners Name:			Owners Signature:		
Address:					
City:			Province/State:		Postal/Zip Code:
Phone:	HCBC#	EC/USEF#	Email:		
Horse Name:			Horse Recording #		
Breed:	Sire:	Dam:		Colour:	
Sex:	Breeder:	Height:		Year of Birth:	

Class #	Description of Class	Age Category	Test	Class Fee
FRIDAY				
SATURDAY				
SUNDAY				

ONE HORSE AND RIDER PER ENTRY FORM ONLY. ENSURE APPLICABLE WAIVER IS SIGNED AND INCLUDED. PROVIDE PROOF (COPIES) OF ALL REQUIRED MEMBERSHIPS AND ENTRY CHECKLIST. Incomplete / Incorrect entries will not be processed.

Please Mail Entries to:
Rising Stars Dressage/Hack Show
4150 Stewart Road
Chiliwack, BC V2R 5G6
 Entries Close: AUGUST 4, 2017 at 5:00 p.m.
 Cheques Payable to: Rising Stars Dressage Show
 etransfers to: risingstarsentries@gmail.com

All Entry Inquiries should be made to:
 Sarah Dunn email: risingstarsentries@gmail.com

STALL CLEANOUT DEPOSIT REQUIRED
****** \$50.00 on Separate Cheque******

Stable Group: _____

Was this Rider at RSD in 2016 Y / N (Circle one)
 Was this Horse at RSD in 2016 Y / N (Circle one)

Class Fees	
Stabling (includes bedding) - \$165.00	
Tack Stall - \$165.00	
Administration Fee	30.00
Drug Fee Gold \$7.00 or Bronze \$3.50	
Dressage Canada Levy	10.00
Temporary EC Sport License \$45.00 or Upgrade \$20.00/40.00	
Temporary Horse Recording # (Gold only) - \$45.00	
RV Hook-Up - \$80.00 or Overnight on Grounds \$45.00	
Total Fees Enclosed (separate cheque for each entry)	

SEE PAGE 2

Entry Form-Page 2

“In the event that _____ participates in an Equine Canada sanctioned competition where approved headgear is required for juniors, he/she will wear a properly fitted, ASTM or BSI approved helmet. It is understood that juniors not meeting this requirement will not be allowed to compete at this competition.”

See Rules of Equine Canada, Section A, General Regulations, Article A905, Headgear

“ 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 Equine Canada, the competition, their officials , organizers, agents, employees and their representatives. I am a current EC individual/group/non-competitive sport license holder # _____(EC membership is not required for parents/guardians of minors)

****SIGNATURE OF PERSON RESPONSIBLE** (as defined in article A1011 in General Rules)

_____ Date: _____
This is the adult responsible for the horse who will be in attendance at the show

SIGNATURE OF RIDER:

_____ Date: _____

SIGNATURE OF PARENT OR GUARDIAN :

_____ Date: _____

UNDER 19 WAIVER

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

For Participants Under the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host.

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities.

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Infant Participant named below with and for the benefit of **Rising Stars Youth Dressage Show and Hack Challenge**, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips or riding instruction provided by the "Host" to the Infant Participant.

Initial Each Item below after Reading and Understanding each item:

1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that his waiver be binding on myself and the Infant Participant for all legal purposes.
2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may 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;
 - (b) 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; and
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
 - (a) to waive all claims that the Infant Participant has or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
 - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".

7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

Please Print Clearly

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

Address: _____
City Province Postal Code

Parent/Guardian's Name: _____ Date of Birth: _____

Address: _____
City Province Postal Code

Signature of Parent/Guardian of Infant Participant Signed this _____ day of _____, 20____

Print Name of "Host" Witness to Signing and Initialling

Signature of "Host" Witness

WAIVER FOR RIDER UNDER 19

19 AND OVER WAIVER

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

For Participants Over the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host.

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Every Person Must Read and Understand this Waiver Before Participating in Equine Activities.

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of **Rising Stars Youth Dressage Show and Hack Challenge**, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips and riding instructions provided by the "Host" to the Participant.

Initial Each Item below after Reading and Understanding each item:

- 1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may 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;
 - (b) 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;
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
- 2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".
- 3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
- 4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
 - (a) to waive all claims that I have or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
 - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
- 5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- 6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
- 7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

Please Print Clearly

Participant's Name: _____ Date of Birth: _____

Address: _____
City Province Postal Code

(Signature of Participant) Signed this _____ day of _____, 20____

(Print Name of "Host" Witness to Signing and Initialling)

(Signature of "Host" Witness) Signed this _____ day of _____, 20____

WAIVER FOR RIDER OVER 19



COMPETITIONS TEMPORARY SPORT LICENCE

NOTE: NO POINTS ARE ACCUMULATED while competing using this Temporary Sport Licence. (See Equestrian Canada Rules A208).

Competition Information

Competition Name :	
Competition Number :	Date:
Location:	

Competitor

Surname :	First Name : »
Address :	
City :	Province :
Postal Code :	Phone :
Email :	
Birth Date	PTSO #

Temporary Amateur Affidavit

I wish to obtain temporary amateur status, valid at this competition only. I certify that the information given regarding my status as an EC Amateur is correct and I have read and understood the Amateur Rule, as published in the Rules of Equestrian Canada, General Regulations, Article A902.

Signature of Exhibitor : _____

Mandatory

I have read, understand, and agree to be bound by the Equestrian Canada rules regarding the purchase of Temporary Sport Licences (Article A 208). **I understand that Temporary Sport Licence holders are not eligible to purchase Equestrian Canada Passports, nor accumulate points.**

Signature of Exhibitor : _____

Date: _____

Payment

\$45.00 Temporary Sport Licence only

\$10.00 will be retained by the competition. The remainder and a copy of this form will be remitted to Equestrian Canada with the Competition Master Report.



COMPETITIONS

TEMPORARY HORSE REGISTRATION

NOTE: no points are accumulated while competing with a Temporary Horse Registration (see A411)

COMPETITION

Competition Name:	
Competition #:	Date:
Location:	
Divisions :	

HORSE

Horse Name:	
Description :	
Age :	Height :
Breed Reg # :	

COMPETITOR

Surname:	First Name:
EC # :	PTSO # :
City:	Province :
Birth Date:	

OWNER

Surname:	First Name:
EC # :	PTSO # :
Address:	
City:	Province :
Postal Code:	Phone :
Email:	

Mandatory:

I have read, understand, and agree to be bound by the Equestrian Canada rules regarding the purchase of Temporary Horse Registration (Article A 411). I understand that Temporary Horse Registrations are not eligible to accumulate points.

Signature of Competitor: _____ **Date:** _____

Payment:

\$45.00 Temporary Horse Registration

\$10.00 will be retained by the competition. The remainder and a copy of this form will be remitted to Equestrian Canada.

IMPORTANT: There must be a Person Responsible identified and their signature on the competition entry form.



AFFIDAVIT - FOREIGN OWNED HORSE

This form is to be completed for all foreign-owned horses that do not have a valid EC Horse Recording or FEI passport.

I, _____
(name of Person Responsible)

hereby certify that my horse: _____

is eligible to compete at the _____
(name of competition)

that is being held on: _____ day of _____.

In the following divisions and classes (list classes):

Foreign Passport# _____ (if applicable)

USEF Passport# _____ (if applicable)

Name: _____ USEF # _____

Address: _____

City: _____ State: _____

Country: _____ Zip Code: _____ Phone #: _____

Email: _____

Signature: _____ Date: _____