



**THE ROYAL HORSE SHOW PROUDLY PRESENTS
'CLINIC WITH A CHAMPION' SPONSORED BY HENRY EQUESTRIAN
APRIL 25, 2021, VALHALLA STABLES, 16845 JANE ST, KING, ONTARIO**

Your opportunity to attend an immersive one-day clinic with reigning Canadian Show Jumping Champion, Beth Underhill awaits! As a Canadian Equestrian Team member, former Chef'd'Equipe for the North American Young Rider's team and Jump Canada Youth Program Advisor Beth is in a unique position to provide quality instruction, technique and training for you and your horse.

Four groups, each with four athletes will be available, April 25, 2021:

Group 1: 9:00 am – 10:30 am	.90m – 1.0m
Group 2: 10:45 am – 12:15 pm	1.0m – 1.10m
Group 3: 1:00 pm – 2:30 pm	1.20m
Group 4: 2:45 pm – 4:15 pm	1.20 – 1.30m/Young Riders/U25

Please note:

- Entrance to the clinic is by application only. Applications with forms not fully completed or without all required forms will not be considered.
- COVID protocols will be in effect and must be adhered to. Failure to do so will result in parties being asked to leave the premises immediately without refund. For each horse/athlete combination, one parent and one groom or coach will be allowed to accompany rider to the clinic. No application will be considered without contact tracing forms provided.
- All participants must provide full vaccinations records for their horses. No application will be accepted without those records supplied.
- Due to COVID & EHV-1 protocols, no stabling will be provided. Clinic will be ship-in/ship out only. Protocols will be posted online at a later date.
- By participating in the clinic, attendees and participants acknowledge that they may be videoed and/or photographed for the exclusive use of The Royal Agricultural Winter Fair and its sponsors. No other video will be allowed on site. Copies of the clinic may be requested by athletes.
- Clinic cost is \$200 plus HST, lunch and keepsake of participation included.
- All applications must be submitted no later than April 5, 2021, 5:00 pm. E mail application to horse@royalfair.org.



CLINIC SCHEDULE

PARTICIPANTS MAY ARRIVE NO EARLIER THAN 8:15 AM, FOLLOW SIGNS FOR PARKING AND CHECK IN PRIOR TO UNLOADING.

MASKS MUST BE WORN AT ALL TIMES UNLESS MOUNTED

Group 1: 9:00 am – 10:30 am .90m – 1.0m

Group 2: 10:45 am – 12:15 pm 1.0m – 1.10m

LUNCH 12:00 – 1:00 pm

Group 3: 1:00 pm – 2:30 1.20m

Group 4: 2:45 – 4:15 1.20 – 1.30m & higher/Young Riders/U25 etc.



APPLICATION FORM

NAME: _____ EC # _____

ADDRESS: _____ OE# _____

EMAIL: _____

OHJA/THJA#: _____

PHONE NUMBER: _____

HORSE NAME: _____

PLEASE LIST FOOD ALLERGIES/INTOLERANCES: _____

BIOGRAPHY RIDER & HORSE:

(please provide recent competition results as well. Use additional sheet if more space is required)

GOALS FOR THIS CLINIC & 2021 COMPETITION SEASON:



All Riders, Drivers, Exhibitors, Grooms and Handlers (hereinafter referred to as "PARTICIPANTS") must sign this form before participating in equestrian activities at, affiliated with, or sponsored by the Royal Agricultural Winter Fair Association of Canada.

Helmets are compulsory when riding anywhere on the show grounds. Competitors must wear properly fitted, approved protective headgear with the safety harness correctly secured at all times while mounted or riding on a horse-drawn vehicle on the Competition or event grounds. Competitors showing any horse/pony in a jog for soundness must wear approved protective headgear with the attached safety harness fastened. Approved headgear must be certified by SEI or another testing body that it meets the American Society for Testing Materials (ASTM) standard or the British Standards Institution (BSI) standard

PARTICIPANT'S ACCEPTANCE OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT

Participant's name: _____

In consideration of my participation in EQUESTRIAN ACTIVITIES, including but not limited to horse riding, jumping, handling, grooming, and other horse related activities, at, affiliated with, or sponsored by the Royal Agricultural Winter Fair Association of Canada (RAWF), I hereby waive and release the RAWF, Valhalla Equestrian, Beth Underhill, and their directors, officers, successors, assigns, employees, and agents (the "Releasees") from any and all claims and liability for injury to me (including death) or damage to or loss of my property arising from or related to my participation in EQUESTRIAN ACTIVITIES at, affiliated with, or sponsored by the RAWF or my use of the Releasees' property, equipment, or facilities for or related to EQUESTRIAN ACTIVITIES.

I recognize that EQUESTRIAN ACTIVITIES are dangerous activities. Horses are animals and unpredictable at times, especially in a show environment. I accept and assume all risks of injury (including death) to me. I accept and assume all risks of injury or loss to my property.

I will indemnify and hold harmless the Releasees from any and all claims and liability for loss, damage, injury (including death), or expense suffered by me or any other person in connection with my participation in EQUESTRIAN ACTIVITIES at, affiliated with, or sponsored by the RAWF or my use of the Releasees' property, equipment, or facilities for or related to EQUESTRIAN ACTIVITIES.

I give the RAWF an irrevocable right and permission to publish, market, transfer, assign, or otherwise make use of any photographs, likenesses, films, broadcasts, audiotapes, videotapes, or other reproductions taken of the horse(s) or me while on the grounds, so long as the use does not jeopardize amateur status. I further expressly and irrevocably waive and release any rights in connection with such use of photographs, likenesses, films, broadcasts, audiotapes, videotapes, or other reproductions including any claims for invasion of privacy, right of publicity, misappropriation, or libel.

This document is binding on my heirs, executors, administrators, and assigns. I am advised to seek legal advice about this document.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT AND ACKNOWLEDGE THAT BY SIGNING IT, I GIVE UP IMPORTANT LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

Dated: _____

Participant's Signature: _____ Witness Signature: _____

[Participants 18 years of age and older]

WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE, THIS DOCUMENT MUST BE SIGNED BY HIS/HER PARENT OR LEGAL GUARDIAN:

In the event that participates in EQUESTRIAN ACTIVITIES, including but not limited to horse riding, jumping, driving, handling, grooming, and other horse related activities, at, affiliated with, or sponsored by the Royal Agricultural Winter Fair Association of Canada (RAWF), he/she will wear a properly fitted and fastened, ASTM or BSI/BS EN approved helmet at all times while riding at the event location. It is understood that juniors not meeting this requirement will not be allowed to participate in EQUESTRIAN ACTIVITIES.

I am the parent or legal guardian for the above-named child PARTICIPANT. On behalf of the PARTICIPANT and myself, I accept and assume the risks of EQUESTRIAN ACTIVITIES, including injury or death, as listed above and I waive and release the Releasees from any and all claims and liability for injury to myself or the PARTICIPANT (including death) or damage to or loss of property belonging to me or the PARTICIPANT arising from or related to participation by the PARTICIPANT in EQUESTRIAN ACTIVITIES at, affiliated with, or sponsored by the RAWF or the use by the PARTICIPANT of the Releasees' property, equipment, or facilities for or related to EQUESTRIAN ACTIVITIES.

I further indemnify and hold harmless the Releasees from any and all claims and liability for loss, damage, injury (including death), or expense suffered by the PARTICIPANT or any other person in connection with participation by the PARTICIPANT in EQUESTRIAN ACTIVITIES at, affiliated with, or sponsored by the RAWF or the PARTICIPANT'S use of the Releasees' property, equipment, or facilities for or related to EQUESTRIAN ACTIVITIES. I acknowledge that necessary medical care may be administered to the PARTICIPANT during my absence or in the event that I cannot be reached immediately.

I give the RAWF an irrevocable right and permission to publish, market, transfer, assign, or otherwise make use of any photographs, likenesses, films, broadcasts, audiotapes, videotapes, or other reproductions taken of the horse(s), me or the PARTICIPANT while on the grounds, so long as the use does not jeopardize amateur status. I further expressly and irrevocably waive and release any rights in connection with such use of photographs, likenesses, films, broadcasts, audiotapes, videotapes, or other reproductions including any claims for invasion of privacy, right of publicity, misappropriation, or libel. This document is binding on my heirs, executors, administrators, and assigns. I am advised to seek legal advice about this document.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT AND ACKNOWLEDGE THAT BY SIGNING IT, I GIVE UP IMPORTANT LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

Dated: _____

Parent or Guardian's Signature _____ Witness: _____



PAYMENT INFORMATION

Your credit card will not be charged until the athlete has been accepted to the clinic.
No application will be accepted without payment information supplied below.

ATHLETE NAME: _____

NAME ON CREDIT CARD: _____

ADDRESS: _____

PHONE NUMBER: _____

CREDIT CARD #: _____

EXP.: _____ CVV: _____

I HEREBY AUTHORIZE THE ROYAL AGRICULTURAL WINTER FAIR TO CHARGE THE ABOVE CREDIT CARD IN THE AMOUNT OF \$200.00 PLUS HST FOR A TOTAL OF \$226.00 CND. (HST# R104642772).