



CAMPBELL VALLEY EQUESTRIAN SOCIETY

Eventing Kindergarten Schooling Day

Location: Equestrian Centre, Campbell Valley Regional Park; 1255 208th St. Langley BC

SHOW DATES: Jun 7, Jul 12, Sept 6 Please check www.cves.ca for entry forms and any changes.

Organizer: CVES Board email: info@cves.ca

Send entries to Show Secretary: Marilyn Gregory

email: gregmarilyn@shaw.ca 604-644-0587

Entries close: 11:00 pm Friday Aug 29. Payment MUST be submitted with entry.

All entries must be submitted electronically in pdf format with signatures. No paper copies accepted.

Cost: \$70 for CVES members and \$75 for non-members. Extra Dressage tests can be added for \$35 and extra Cross Country rounds for \$15.

Payment by e-transfer to info@cves.ca

This is meant to be a fun, introduction to the sport of eventing for those (either rider or horse) who haven't done it before or need a confidence boost. It is not a competition but dressage tests will be scored by a qualified dressage judge and you will ride a numbered cross country course like in a competition. Leadline can be used for both dressage and cross country but the dressage will not be scored. **Your insured coach must be on the cross country field with you and we must have a copy of the coach's insurance on file.**

Dressage:

You can choose to ride the HCBC Walk-Trot Test 1 or the EC ICE Test B (walk trot canter) or, you can choose Test of Choice and type in which test you would like to ride.

All Dressage will be in the sand ring 20 x 40 m.

Cross Country:

Course will consist of about 10 small, numbered obstacles less than 61 cm (2' or lower) placed in the lower end of the cross-country field just north of the sand ring. The cross-country phase is not HCBC sanctioned.

Tack and Dress: See HCBC rules. All riders, regardless of age or level of competition, must wear ASTM/SEI or BSI approved protective headgear with safety harness correctly secured at all times while mounted. Suitable boots with heel must be worn. Body protector vests must be worn for the cross-country phase.

Scratches: Must be received by the entry secretary by the closing date. Late scratches need a vet or medical certificate: otherwise, you will forfeit your entry fees unless the spot can be filled. Scratch refunds will be refunded less the cost of the e-transfer (\$1.25).

Parking: Parking will be in the upper parking lot, NOT by the red barn.



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ENTRY FORM – Date of Show: _____

Dressage	Dressage Test All tests are in 20 x 40 m ring		\$
CHECK THE TEST YOU WANT TO RIDE			
Walk Trot	HCBC Walk-Trot Test 1		
Walk Trot Canter	Eventing ICE Test B		
Test of Choice			
Extra Dressage Test \$35			
Extra Cross Country Round \$15			
TOTAL PAID			

BC Horse Council membership is mandatory for both Owner and Rider. Please enclose photocopy of 2025 card. Waiver (page 3) must be signed by Rider (if adult) and Owner. Juniors must ensure a parent or guardian has also signed the waiver.

Horse's name:		Age:	
Rider's Name:			
Rider's Signature:			
Address:		Junior <input type="checkbox"/> Senior <input type="checkbox"/>	Rider Birth Year:
City:	Province:	Postal Code:	
Phone:	HCBC#	Email:	
Owner's Name:			
Owner's Signature:			
Phone:	HCBC#	Email:	
Coach's Name:		Email:	
For scheduling purposes, if you are trailering in with other competitors, please give their names:			

CVES Membership:

You can join online www.cves.ca for \$20 annual membership fee.

Membership entitles you to \$5 entry discounts and all funds raised go toward upkeep of the Campbell Valley Equestrian Facilities.



Campbell Valley Equestrian Society (the "Organizer")

Event Participation Waiver

WAIVER OF LIABILITY FOR ALL CLAIMS AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. Completed waivers must be returned with registration or prior to attending the Organizer's event: **CVES - Eventing Kindergarten Schooling Day** (the "Event"). This waiver does not affect accident and out-of-country travel insurance provided by the Organization where applicable.

By signing below, the Participant and/or the Participant's Guardian understands, acknowledges and assumes the inherent risks in participating in the Event, including, but not limited to: the potential for bodily injury or illness (including contraction of COVID-19); permanent disability, paralysis, or loss of life; collision with natural or manmade objects; dangers arising from adverse weather conditions; imperfect venue or field of play conditions; equipment failure; participants of varying skill levels; inadequate safety measures; circumstances known, unknown or beyond the control of the Organizer, its partners, sponsors, agents, affiliates, directors, employees, officer, therapists, or volunteers (together, the "**Organization**"); negligence or omission of the Organization (collectively, the "**Risks**"). I confirm that I have read and fully understand this waiver and release of liability. I sign this waiver and release of liability voluntarily without any inducement, assurance, or warranty being made to me.

In consideration for allowing the Participant to participate in the Event, the Participant and/or the Participant's Guardian: (a) release, discharge and forever hold harmless the Organization from any and all liability for damages or loss arising as a result of the Risks of participation in or in connection with the Event; (b) waive any right to sue the Organization in respect of all causes of action (including for injuries or illness caused by their own negligence), claims, demands, damages or losses of any kind that may arise as a result of the Risks of participation in or in connection with the Event, including without limitation the right to make a third party claim or claim over against the Organization arising from the same; and (c) freely assumes all risks associated with the Risks, anything incidental to the Risks, which may arise as a result of participation in or in connection with the Event. **YOU ARE GIVING UP LEGAL RIGHTS TO ANY AND ALL FUTURE CLAIMS AGAINST THE ORGANIZATION.**

Print Name: _____ Participant Date of Birth: _____

Participant (or Guardian for Minor)

(yyyy/mm/dd)

Signature: _____ Date: _____

Participant (or Guardian for Minor)

(yyyy/mm/dd)

Print Name: _____

Owner

Signature: _____ Date: _____

Owner

(yyyy/mm/dd)