



Oxford Downs Eventing Clinic I **Sunday, April 6, 2008**

Entry Deadline: Thursday, April 3, 2008
Register Early Maximum 15 Participants

Location: Stevens Creek Farm, 6439 2nd Line Road., Kars, ON (613) 489-0248

Clinicians: Teddie Laframboise EC Level 3 Coach, Stevens Creek Farm
Holly Gillis EC Level 1 Coach, Quantum Farms
Heather Sansom, Personal Equine Trainer, Equifitt, (www.equifitt.com)

Cost: Entry Fee: \$50 by April 3, 2008. Entry fee includes all clinic activities, as well as the use of the pony.

Please make cheque payable to: ODPC and mail with your entry form to: Marlene Armstrong, 2552D River Rd., Manotick, K4M 1B4. First paid, first served.

Contacts: Marlene Armstrong (ODPC DC) 613-692-1263 or 613-277-4402
Lori Wickert (ODPC aDC) 613-821-6137 or 613-668-1140

Coffee, and some food items should be available, participants will be advised.

Participants will be organized into Groups to correspond to their age and riding ability. This clinic will involve jumping, hence all participants should have passed or be riding at a D1 level in order to participate fully. The clinic will encompass the dressage, and the jumping portion of eventing will be held indoors due to the time of year. A second Eventing Clinic (II) may be held at a later date to offer an outdoor cross-country setting with more varied jumps.

Participants should be prepared to ride, with (EC approved) helmet, boots and appropriate clothing. There will also be events where participants will be unmounted or participating in physical fitness activities, hence additional warm and appropriate garments should be brought if weather is inclement. All of the events will be held in the indoor (Coverall) arena at the farm.

This is planned as a Pony Club insured event, hence all participants should ensure that their Pony Club registration and OEF memberships are confirmed with the region. Pony Club Armbands must be worn and up to date.

General Clinic Schedule / Events (see attached detailed schedule)

8:45 am Arrival, confirmation of Groups and pony allocation.

Each group, over the course of the day will participate in the following activities:

2 x 1 hour rides with instruction, Fitness Assessment, Riding assessment via video, Time will be allocated for Lunch & snacks, ~ 17:30: End of event, depending on group.

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Entry Form

Participant's Name: _____

Address: _____

Telephone: _____ E-mail: _____

Member in good standing of _____ Pony Club

Parent/Guardian Name: _____

Telephone No.: _____ Cell No.: _____

Age (on Jan 1, 2008): _____ Height (ft/in) : _____

Height of regular mount (hh): _____ Schooling Jump Height: (ft, in): _____

Riding Instructor / Coach's Name: _____ Tel: _____

Pony Club Level (tested, circle): E D D1 D2 C C1 C2 B+

E-mail entries to Marlene Armstrong at jenmor2@gmail.com or mail them to Marlene Armstrong at 2552D River Rd., Manotick, ON K4M 1B4.



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ACCEPTANCE OF RISK AND AGREEMENT FOR RELEASE AND WAIVER

I request permission for me/my child (participant's name) _____ to participate in the activities of Eventing, including equestrian jumping, on April 6, 2008.

I accept and assume all the risks of injury (including death) to me/my child or property belonging to my child or me. I represent and warrant that I have the authority to give this release.

In exchange for me/my child being permitted to participate in these activities, from my child, myself, my child's heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against any of: Canadian Pony Club, St. Lawrence-Ottawa Valley Region, Oxford Downs Pony Club, Stevens Creek Farm, and/or their owners, organizers, volunteers, officers, directors, employees, contractors, agents and persons making property available for use, for any injury (including death) to me/my child or any damage to property belonging to me / my child whether from anyone's negligence or not, or any other cause arising out of me/my child's participation in riding activities.

I also agree that if anyone makes any claims because of any injury to me / my child (including death), or for any damage to property belonging to me/my child, I will indemnify and keep all those released by this agreement except for those that I have no authority to release, free of any damages or costs from such claims. I agree not to make any claims against any other person or entity, which might claim contribution from, or to be indemnified by, any of the above parties.

Signature of Participant _____ Date: _____

If the participant is under 18 years of age, the parent/guardian must sign below.

I acknowledge as Parent/Guardian of _____ that I have read and fully understand and agree with the terms and conditions stated herein on behalf of _____ and myself.

Parent/Guardian (name): _____ (signature): _____
Date: _____