

SVEA Two-Phase Show 2019

Rider Name: _____ Rider DOB _____

HCBC No. _____ SVEA Member Yes _____ No _____

Mailing Address _____

Email Address _____

Parent Guardian Name _____ Emergency Phone _____

Horse Name: _____ Horse Owner Name _____

I hereby certify that every horse, rider and/or driver is eligible as entered and agree for myself and my representative to be bound by the Constitution and rules of the HCBC and Equestrian 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 Equestrian Canada, SVEA, the Competition and its officials, organizers, agents, employees and representatives. I have read the SVEA Disclaimer form on the show program. In the event that _____ participates in an HCBC/Equine Canada competition where approved headgear is required for riders, he/she will wear a properly fitted, ASTM or BSI approved helmet. It is understood that riders not meeting this requirement will not be allowed to compete at this competition.

Signature of Owner _____

Signature of Parent/Guardian _____

Signature of Rider _____

Division:(Please check) Starter _____ Pre-Entry _____ Entry _____ Pre-Training _____

Individual Dressage tests - Please indicate which test you would like to do: _____

SVEA Member \$30 _____

Non-Member \$35 _____

Individual Dressage \$15 _____

Admin Fee: \$ 5.00 _____

Total Fees: \$ _____

Cheque Payments Payable to Squamish Valley Equestrian Association

E-Transfer Payments treasurer@svea.ca Please make the password "Squamish" and put the riders name in the notes.