



BRAVE FINALS HORSE SHOW

HOSTED BY
NEW VIEW STABLES

Saturday September 28th, 2019

Email entries to: newviewchelsea@hotmail.com

Entries close Wednesday September 25, 2019

ation contact Chelsea Gendur @ (587) 896-8741 or Courtney Kremenuik @ (403) 909-5994



Rider Name _____ Phone # _____

Address _____

City _____ Province _____ Postal Code _____

Email _____

AEF # _____ Junior or Amateur (circle one) Birthdate of Junior _____

Horse Name _____

Trainer Name _____ Phone _____

Owner Name _____ Phone _____

Class #									Total
Entry Fee (\$18 or \$20/class)	\$	\$	\$	\$	\$	\$	\$	\$	\$
<p>I acknowledge that the sport of horses is a high-risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards, which are inherent in this sport. I further acknowledge the inherent risks in riding and working around horses, which risks include bodily injury to both the horse and rider, which can result from normal use, competition or schooling. In consideration of being allowed to participate in this event, I hereby assume all risk and I hereby release and absolve New View Stables Inc., Ashleigh Charity & Cory Walker, the directors, officers, owners, management, employees, volunteers, agents and representatives and the respective personal representatives from all responsibility, liability or claims of any nature and kind which I may have arising from my participation in this activity, including but not limited to bodily injury or death to myself or my horse(s) and damage or loss to property arising from any cause whatsoever, including the negligence of one or more of the individuals and organization referred to herein. I hereby declare that in signing this document, that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon by executors, heirs, and assigns.</p> <p>Signing this affects your legal rights. This entry cannot be accepted without signature. Trainer signature not valid</p> <p>Rider Signature: _____ (Parent must sign if rider is under 18 years of age)</p> <p>Date: _____</p>						Total Entry Fees			
						Office/Admin/Paramedic		\$40.00	
						Day stall Saturday \$40.00 <i>*Trainers ONLY</i>			
						Post Entry Fee \$25.00 (payable if entry received after closing date)			
						SUBTOTAL			
						GST 5%			
Entry Fees: \$18/class;\$20/open class – Please make cheques payable to: New View Stables or e-transfer to newviewchelsea@hotmail.com						TOTAL FEES		\$	

The BRAVE Horse Show Circuit respects the privacy of its participants. Participants' information will be used for mailings (email and/or hard copies) of the BRAVE horse show and sanctioned BRAVE horse shows prize lists, entry forms, newsletters to its participants, and other business directly related to the BRAVE Horse Show Circuit. As per the Alberta Personal Information Protection Act – **please initial or mark below if you do not want your name, address, telephone number and e-mail address to be used for these purposes. I do not wish to be on the BRAVE Horse Show Circuit mailing list** _____