

2025 TRAINING DAYS

ENTRY FORM

RIDER INFORMATION			
LAST NAME		FIRST NAME	
STREET ADDRESS		EMAIL ADDRESS	
POSTAL CODE	PHONE #	CITY	PROVINCE/STATE
BIRTH DATE		EMERGENCY CONTACT NAME & NUMBER	

HORSE INFORMATION		
HORSE NAME		
GENDER	COLOUR	YEAR FOALED

WAIVER	
<p>I agree that as a precondition to my, or my dependents, participation in horseback riding activities organized by Varenna Equestrian and conducted by Varenna Equestrian's employees, to be strictly bound by the terms of this waiver, assumption of risk, and indemnity agreement.</p> <p>I acknowledge that horseback riding activities involve inherent risk that may cause serious injuries, and possibly death to participants. I recognize that horses may, regardless of their training and past behaviour, react unpredictably or irrationally based on instinct or fright. Accordingly, anyone riding a horse is exposed to risk of injury and possible death while riding the horse, as well as while mounting or dismounting the horse, and while in the vicinity of the horse.</p> <p>I fully understand the risks and dangers associated with my, or my dependents, participation in riding activities, and accept that the participation is entirely at my own risk.</p> <p>I hereby waive any and all claims which I may have against Varenna Equestrian, Varenna Equestrian's employees, and release Varenna Equestrian and Varenna Equestrian's employees from all liability for injury, death, property damage, or any other loss sustained by myself or my dependent as a result of my or my dependents participation in riding activities due to any cause whatsoever. Including without limitation, negligence on the part of Varenna Equestrian or Varenna Equestrian's employees. I further agree to indemnify Varenna Equestrian and Varenna Equestrian's employees from any and all legal fees on a solicitor and his/her own client full indemnity basis, or costs or damages which may be incurred in defending any lawsuit or claim that I myself, or on behalf of my dependent, may bring against Varenna Equestrian or Varenna Equestrian's employees.</p> <p>I appreciate that this agreement applies whether Varenna Equestrian is at fault or not, and it limits the liability of Varenna Equestrian's employees to the same extent that it limits the liability of Varenna Equestrian, even though Varenna Equestrian's employees are not formal parties to this agreement. I understand that Varenna Equestrian, in securing execution of this agreement by myself, or on behalf of my dependent, is acting as an agent or trustee on behalf of or for the benefit of Varenna Equestrian's employees, who shall to this extent be or be deemed to be parties to this agreement</p> <p>I have read and understand this agreement. I understand that this agreement contains a promise not to sue Varenna Equestrian or Varenna Equestrian's employees and release and indemnify for all claims. I further understand that this agreement is binding upon my personal representatives, heirs and assigns.</p>	
SIGNATURE	
PRINTED NAME	SIGNATURE OF PARENT/GUARDIAN FOR <u>JUNIORS</u>



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SCHOOLING HEIGHT AND NUMBER OF TICKETED ROUNDS
(ADDITIONAL SCHOOLING ROUNDS MAY BE ADDED AT THE GATE)

SCHOOLING HEIGHT	# TICKETED SCHOOLING ROUNDS	X TICKETED ROUND PRICE	TOTAL OF TICKETED ROUND FEES
		X \$25.00	\$

STABLING FEES - DAILY

# HORSE/PONY STALL(S)	X # DAYS STABLED (IF NOT STABLING FOR FULL EVENT)	X STALL PRICE	TOTAL OF DAILY STABLING FEES
		X \$45.00	\$

STABLING FEES – FULL WEEKEND

# HORSE/PONY STALL(S)	X STALL PRICE	TOTAL OF DAILY STABLING FEES
	X \$120.00	\$

HAUL-IN FEES

# DAYS HORSE WILL BE HAULED-IN	HAUL-IN FEE	TOTAL OF HAUL-IN FEES
	X \$30.00 =	\$

FEED & BEDDING

SIMPLY STRAW	SHAVINGS	ALFALFA/GRASS HAY	TIMOTHY GRASS HAY	TOTAL OF FEED & BEDDING
# ____ X \$12.50 =	# ____ X \$12.50 =	# ____ X \$20.00 =	# ____ X \$20.00 =	\$

PAYMENT SUMMARY

SUBTOTAL OF ALL FEES	\$
+ 5% GST	\$
GRAND TOTAL (FULL PAYMENT ENCLOSED)	\$

FORM OF PAYMENT

PAYABLE TO VARENNA EQUESTRIAN

<input type="checkbox"/> PERSONAL CHEQUE		
<input type="checkbox"/> E-TRANSFER <ul style="list-style-type: none"> EMAIL ADDRESS FOR E-TRANSFER – JULIE@VARENNAEQUESTRIAN.COM 		
<input type="checkbox"/> CREDIT CARD <ul style="list-style-type: none"> CREDIT CARD CONVENIENCE FEE - 3.5% WILL AUTOMATICALLY BE APPLIED TO ALL PAYMENTS TAKEN VIA CREDIT CARD 		
CARD NUMBER (NO NUMBERS ARE KEPT ON FILE FROM PREVIOUS TOURNAMENTS)		
CARDHOLDER NAME	EXPIRY DATE	CVV
BY SIGNING THIS DOCUMENT, I AUTHORIZE VARENNA EQUESTRIAN TO CHARGE THE ABOVE CREDIT CARD FOR ALL AMOUNTS DUE TO VARENNA EQUESTRIAN WITH RESPECT TO THE ENCLOSED ENTRY.		
SIGNATURE OF CARDHOLDER		

