

NECHAKO VALLEY EXHIBITION - LIGHT HORSE SHOW STABLING FORM

___ # of stalls X ___ # of nights X \$10/night = \$ _____

I wish to be stabled beside _____ Stallion: Yes No

Please include your \$25.00 stall deposit on a separate cheque.

Organizations including Pony Clubs & 4H can be provided with a display &/or tack stall (no cost) if attending with 2 or more members competing. Please specify which club you belong to if applicable.

ACCEPTANCE OF RISK: Please read carefully & Sign.

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 that there are significant risks involving in working with and around horses. I further acknowledge that there is some element of risk that an accident could occur and result in injury or death to the rider or their mount.

In consideration of being allowed to participate, I hereby assume all risk and I hereby release and absolve the Nechako Valley Exhibition Society and it volunteers 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 to property arising from any cause whatever, including the negligence or one or more 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 my executors, heirs and assigns.

Signature of Rider

Date

As the Owner/Agent for the competing horse I have given my permission for the Rider to compete in the Nechako Valley Exhibition Open Horse Show and confirm that there is liability coverage in force with respect to the ownership of the competing horse(s).

Signature of Owner/Agent

Date

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

Signature of Parent/Guardian

Date