

Sunday, July 14th, 2024
 Erin Fair Grounds South Ring
 Erin, Ontario

**ENTRY FORM
 2024 WELSH CLASSIC HIGH POINT
 AWARD SHOW**

**Show Secretary: Maisie Durward
 718 Skyline Road
 Oakwood, ON K0M 2M0**

This show is not recognized, however, classes will comply with procedures and judging as outlined in the Equine Canada rule book.

Email: gentlebreezeequine@gmail.com

705-953-9646

ENTRY FEES:

Pre- Entry Fees – Junior Classes \$10.00 – All Other Classes - \$15.00
 Post Entry Fees - All Classes - \$25 Late fee per animal + appropriate entry fees (entries made or received after July 7th, 2023)
 Non-Members May Not Enter – Complete a Membership Application to Exhibit Purebred and Half-Welsh at this Show

Make Cheques Payable to: The Welsh Pony & Cob Association of Ontario or send E-Transfer

Name of Pony	Sex	Age	Registration #	Owner	Rider/Driver/Handler	Classes					Entry Fee

Administration Fee \$5.00

This show will be operating under the strict rules and guidelines of the Provincial & Federal Governments in regards to Covid 19.

\$15.00 Sport Pony Day Membership

TOTAL ENTRY FEES

PHOTO RELEASE:

I hereby give permission for pictures of myself or my child to be taken and potentially used for news reporting and/or the promotion of the Welsh Pony and Cob Association of Ontario at Local, Regional and National levels. These pictures may be in print form / publications or on the welshpony.on.ca website or any website promoting Welsh ponies and cobs.

Signature of Parent/Guardian or Participant (over 18 years of age) _____ Date _____

WAIVER:

I make these entries at my own risk and subject to the rules of the Show. I will not hold the Welsh Pony & Cob Association of Ontario, Welsh Classic Show Committee, or Erin Agricultural Society responsible for any loss or damage that may occur to ponies/cobs/horses, equipment, or individuals participating in this Show. Further, I acknowledge that each exhibitor shall be responsible for any injury caused by his/her animals, that may occur to any person, animal, property, or vehicle owned or exhibited by any person and shall indemnify the Show, the Welsh Pony & Cob Association of Ontario, and the Erin Agricultural Society against all claims or damages of any kind. Presentation of this Entry Form shall be deemed to be acceptance of these rules. PLEASE SEE WAIVER (Next PAGE) "Every entry shall constitute an agreement and affirmation that all participants (which include, without limitation, the owner, lessee, trainer, manager, agent, coach, handler and the horse) for themselves, their principles, representatives, employees and agents: Agree that they participate voluntarily in the competition fully aware that dangerous risk of serious injury or death may occur and that no helmet or protective equipment can protect against all foreseeable injury, and by participation they expressly assume any and all risks of injury or loss, and they agree to indemnify and hold Erin Agricultural Society, show management, volunteers, employees, and agents harmless for any and all injuries. Entry consents to having photographs taken and used for promotional purposes by Erin Agricultural Society without remuneration."

PROOF OF \$1,000,000 LIABILITY INSURANCE:

Policy Number: _____

Owner/Agent: _____

Insurance Company: _____

Address: _____

Expiry Date: _____

Telephone: _____ Date: _____

Pony Owner Signature: _____ Phone Number: _____

By signing this form, I /we hereby authorize the WPCAO to use the above information for promotional purposes pertaining to the WPCAO and its publications. FULLY COMPLETED AND SIGNED WPCAO RELEASE OF LIABILITY AND ACKNOWLEDGEMENT OF RISK FORM MUST ACCOMPANY ENTRY FORM.

**WPCAO Release of Liability and Acknowledgment of Risk – Participant
OWNER, Show Person, Rider or Driver MUST sign Liability form**

Name of Participant: _____ Birthdate: _____

Address of participant: _____

Every Participant in equine activities (called the ACTIVITY, shall carefully read this notice before signing. No person will be allowed to participate in the "ACTIVITY" prior to reading and signing this RELEASE and ACKNOWLEDGMENT form. To the Welsh Pony and Cob Association of Ontario, their directors, officers, employees, representatives, agents, officials, volunteers, business operators, and site property owners, (all of them collectively called the HOST). I am aware and understand that there are inherent DANGERS, HAZARDS, and RISKS, (collectively called RISKS) associated with equine activities. I acknowledge that these inherent "RISKS" of equine activities mean those DANGEROUS conditions which are an integral part of equine activities, including but not limited to:

- 1) The propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity;
- 2) The unpredictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals;
- 3) The equine's response to certain hazards such as surface and subsurface objects;
- 4) Collisions with other equines, animals, people, and objects;

5) The potential of any participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability.

I understand that injuries resulting from such "RISKS" are a common and ordinary occurrence associated with equine activities. I freely accept and fully assume all the "RISKS" and the possibility of personal injury, death, property damage, or loss from being a Participant. I acknowledge that it remains my sole responsibility to act in such a manner as to be responsible for my own safety and to Participate within my own limits. In consideration of the "HOST" permitting my Participation in the "ACTIVITY", I together with my heirs, executors, administrators and assigns, (collectively called my "Legal Representatives") agree as follows:

- 1) To waive all Claims that I may have against the "HOST"; and;
- 2) To release the "HOST" from any and all liability for any loss, damages, injury, or expense that I or my "Legal Representatives" may suffer as a result of my Participation in the "ACTIVITY" due to any cause whatsoever INCLUDING NEGLIGENCE ON THE PART OF THE "HOST"; and;

3) TO HOLD HARMLESS AND INDEMNIFY the "HOST" from any and all liability for any property damage or personal injury to any third party resulting from my Participation in the "ACTIVITY"

I have read and understand the Rules of the "ACTIVITY" which apply to me. I agree to abide by those Rules and Acknowledge that a breach of the Rules may among other things result in my expulsion from the "ACTIVITY". Before I signed this Release and Acknowledgment, I read it and I state that I understand it. I am aware that by signing this Release and Acknowledgment, I am waiving certain legal rights which I might have against the "HOST", or, if I die, by signing this Release and Acknowledgment, I am waiving certain rights that my Legal Representatives may have against the "HOST". I HAVE READ AND UNDERSTOOD THIS DOCUMENT AND ACKNOWLEDGE THAT BY SIGNING IT, I GIVE UP IMPORTANT LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

SIGNED This _____ day of _____, 20____

(Witness)

(Signature of Participant)

WHERE THE PARTICIPANT IS A MINOR (UNDER 18 YEARS OF AGE AT DATE OF SIGNING), THIS DOCUMENT MUST BE SIGNED BY HIS/HER PARENT OR LEGAL GUARDIAN:

I am the parent or legal guardian of the Participant named herein and am executing this Release and Acknowledgment on behalf of the Participant in my capacity as guardian and with the intent that this Release and Acknowledgment be binding on the infant Participant for all legal purposes. Before I signed this Release and Acknowledgment, I have read it and I state that I understand it. I am aware that by signing this Release and Acknowledgment, I am waiving certain legal rights which I might have against the "HOST", and which the infant Participant has against the "HOST". In the event of my death or the death of the infant Participant, by signing this Release and Acknowledgment, I am waiving all legal rights which my Legal Representatives or the Legal Representatives of the infant Participant may have against the "HOST". I HAVE READ AND UNDERSTOOD THIS DOCUMENT AND ACKNOWLEDGE THAT BY SIGNING IT, I GIVE UP IMPORTANT LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

SIGNED This _____ day of _____, 20____

(Witness)

(Signature of Guardian of Participant)