

Beaumont Clinic and Derby Weekend

May 18th – Clinic May 19th – Derby
Come to one or both! – Stabling available!

Saturday, May 18th: *Show Jumping Clinic* with **Becky Galbraith** (1.5 hours)
and *Cross-country Clinic* with **Barry Tyerman** (1.5 hours)

Sunday, May 19th: **Fun Schooling Derby** (combined test)
Offering 5 divisions: Starter, Pre-entry, Entry, Pre-training and Training

Show jumping course, straight into a shortened but technical cross-country course, with pace and optimum time.
*Safety vest is mandatory

Derby Fees – First round **\$100**...Optional 2nd round for **\$20** (same division or 1 level higher).
Results will be tallied – single round only or best of two rounds. Prizes to 3rd place.
\$40 off for each additional horse that you are competing.

Deadline: May 8th, 2019 (NO REFUNDS after the closing date without medical/vet note. With presentation of medical/vet note, all fees will be refunded less an administration fee of \$30. **Late entry fee add \$30: Walk-ins for the Derby welcomed on Sunday morning with late fee; office opens at 7:30 AM. After 9:00 AM office closed to walk-in entries.**
Organizers reserve the right to refuse entries.

Snail Mail: Send your completed entry form for the Derby and/or Clinic along with a cheque to:
Anita Ostapek – 23507-Twp Rd 512, Leduc County, AB T4X 0T7
Cheques made out to **Beaumont & District Ag Society or **BADAS**

Email/E-transfer: Scan or save your completed entry form to a **PDF document only (no photo images of forms please)**.
Send the PDF form and required fees (e-transfer) to: beaumontderby@gmail.com. Security question for the e-transfer is “Where is the clinic and derby?” with the answer being “beaumont”.

Name of Rider: _____ of Horse: _____ Sex: _____
Address: _____
Telephone #: _____ Cell #: _____
*Email Address: _____
AEF #: _____ or EC #: _____
Division for Clinic: _____
Division for Derby: _____ Division for 2nd Round: _____

ITEM	COST (\$)	SUBTOTALS (\$)
Clinic	100	
Derby 1 st Round	100	
Derby 2 nd Round	20	
Additional Horse Derby 1 st Round	60	
Additional Horse Derby 2 nd Round	20	
Derby Late Fee	30	
Stabling Fee – Covered (per night/per horse) (incl.1 bale shavings per stay)	40	
Stabling Fee – Uncovered (per night/per horse)	15	
Extra Shavings (\$12 per bag) – # of extra bags requested _____	12	
TOTAL		

Stall Deposit (*separate cheque*) \$50

Total Fees: \$ _____ **Amount Enclosed \$** _____ (Cheque No.: _____)

For more information, email Anita: beaumontderby@gmail.com

Note: Completed BADAS Equine Use Waiver and Stabling forms must be attached to each entry

***All times and order of go will be posted on the BADAS website 3 days before the event: www.beaumontagsociety.com/

***I hereby consent to the publication of my name, clinic/competition times, and placing on the BADAS website

(Signature) _____

STABLING FORM
Beaumont Clinic and Derby
May 18th & 19th, 2019

RIDER NAME: _____

TEL.: HOME – _____ CELL – _____

Please Stable with (name of another registrant): _____

STABLING REQUIREMENTS – Please complete all sections and indicate which nights stabling is required

Please note – a separate cheque for \$50 is required for a stabling deposit

NAME OF HORSE: _____

Stallion/ Mare/ Gelding (circle appropriate selection for your horse)

STABLING REQUIRED:

Covered

Uncovered

Friday night (May 17)

Saturday night (May 18)

Sunday night (May 19)

Approximate Time of Arrival on First Day: _____

Rider staying at: _____

Telephone (at place of lodging): _____

Person attending the Event with you: _____

License & Description of Horse Van: _____

1 Bag of shavings included with covered stall

Extra Shavings – Number of extra bags of shavings requested: (\$10/bag): _____



Beaumont and District Agricultural Society

Equine Use Waiver

Release of Liability, Waiver of Claims and Indemnity Agreement: (Please read carefully)

WARNING: By signing this document, you waive certain legal rights, including the right to sue. Please read carefully.

Competitors, spectators, exhibitors, owners, volunteers, agents and all other participants in activities at the *Beaumont & District Agricultural Society Fairgrounds* must carefully read this document before signing. Participants will NOT be allowed to use Fairgrounds facilities without a signed waiver form (by Parent/Guardian if competitor is under 18 years of age).

There are many inherent risks resulting from dangers and conditions that are an integral part of participating in various activities at the Fairgrounds. These risks include but are not limited to:

1. the unpredictable behavior of horses, livestock, and dogs, however caused;
2. the unpredictable reaction of animals to their environment, including sounds, sudden movement, objects, persons or other animals;
3. natural hazards such as uneven footing, rocks, holes, or trees;
4. man made hazards such as storm water ponds;
5. collision with objects, persons or other animals;
6. the failure of equipment, however caused; and
7. the action or inaction of other participants.

I understand and acknowledge that these risks may result in **INJURY, HARM OR DEATH** to the Participant or to other persons or may result in damage to property, including injury or death to the Participant's animal(s), and that these risks exist regardless of the skill level of the Participant. I also understand that the failure to wear or use proper equipment increases the possibility that these risks may result in injury or death to the Participant. Proper equipment, are **mandatory for competitors under the age of eighteen (18) and strongly recommended for those eighteen (18) and older.**

In consideration for participating in activities at the Beaumont & District Agricultural Society Fairgrounds, I agree as follows on behalf of myself, or as parent or guardian of minor Participants:

1. to hereby waive any and all claims that I have or may have in the future against *Beaumont & District Agricultural Society*, any organizing committee(s), the Town of Beaumont, Leduc County, or the employees, agents, volunteers, or contractors of the above named organizations (collectively, the "Parties");
2. to hereby release all of the Parties from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of participation in activities at the *Beaumont & District Agricultural Fairgrounds* by any Participant, including minor Participants, due to any cause whatsoever, including negligence, breach of contract, breach of any statutory or other duty of care, including any duty of care owed under the Occupier's Liability Act, R.S.A. 1980 c.O-3 as amended from time to time, on the part of any of the Parties;
3. to hereby hold harmless and indemnify all of the Parties from any and all liability for any damage to the property of, or personal injury to, any third party resulting from participation in equine activities by any Participant, including minor Participants; and
4. that this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

In entering into this Agreement I am not relying on any oral or written representations or statements made by any of the Parties other than what is set forth in this Agreement.

I have read and I understand this Agreement. I am aware that by signing this Agreement I am waiving certain legal rights that I, my children, or our respective heirs, next of kin, executors, administrators, representatives, and assigns may have against anyone or all of the Parties.

This waiver is in effect until the 31st day of December 2019.

SIGNED in the Town of Beaumont, or adjacent municipalities, in the Province of Alberta,

this _____ day of _____, 2019.

Signature of Participant, or Parent or Guardian

Parent or Guardian if participant is less than 18 years of age

AEF# or equivalent insurance policy number

Name of Participant (Please Print Clearly)

Signature of Witness

Name of Parent or Guardian (Please Print Clearly)

If participant is less than 18 years of age

Name of Witness (Please Print Clearly)

Participant's or Guardian's Phone Number