

<b>Horse's Name</b> _____	Reg # _____ Hgt: _____ Age: _____ Color: _____ Gender: _____	Circle : Sr Classes Youth Classes	Circle: Novice Barrels Novice Poles	<b>RING #</b>
<b>Owner's Name</b> _____ Civic _____ P.O. _____ Province _____ Postal Code _____ Phone _____ Email _____	<b>Rider #1 Name</b> _____ Civic _____ P.O. _____ Province _____ Postal Code _____ Phone _____ Email _____	<b>Rider #2 Name</b> _____ Civic _____ P.O. _____ Province _____ Postal Code _____ Phone _____ Email _____		
Owner NSEF # _____ Sr or Jr _____	Rider 1 NSEF # _____ SR or Jr _____	Rider 2 NSEF # _____	SR or Jr _____	
Owner DOB (Jr) _____	Rider 1 DOB (Jr) _____	Rider 2 :DOB(Jr) _____		

**PLEASE INDICATE WHO THE PRIZE MONEY CHEQUE IS PAYABLE TO – ADDRESS BELOW -----NAME, CIVIC, P.O. OR R.R., TOWN/VILLAGE, PROVINCE, POSTAL CODE**  
**\*\*\*\*PLEASE CHECK hantscountyex.com FOR THE SCHEDULE AND TIMES OF THE CLASSES**

**Please include the following with your entry: Copy of NSEF Membership, Payment, Waiver, and Stabling Form.**  
**MAIL ENTRIES TO: HANTS COUNTY EXHIBITION, P.O. BOX 368, WINDSOR, NS BON-2T0 OR FAX TO 902-798-2999**

	<b>CIRCLE CLASSES ENTERED</b>		
<b>CLASS #</b>	<b>Must Enter all Classes in your Division to qualify for high point</b>	<b>RIDER</b>	<b>COST</b>
56	HORSEMANSHIP JR.		\$10
57	HORSEMANSHIP SR.		\$10
58	WALTER MCLEAN HORSEMANSHIP CHALLENGE		\$30
59	WESTERN PLEASURE JR.		\$10
60	WESTERN PLEASURE SR.		\$10
61	WESTERN PLEASURE STAKE		\$30
62	SHOWMANSHIP JR.		\$10
63	SHOWMANSHIP SR.		\$10
64	WESTERN REINING JR.		\$10
65	WESTERN REINING SR.		\$10
66	WESTERN RANCH RIDING STAKE		\$30
67	WESTERN TRAIL CLASS JR.		\$10
68	WESTERN TRAIL CLASS SR.		\$10
69	NOVICE BARRELS #1		\$30
70	NOVICE POLES #1		\$30
71	NOVICE BARRELS #2		\$30
72	NOVICE POLES #2		\$30

**Entries in Western Classes must enter 4 classes in the Division to count for the Division Champion. Only 4 classes will be counted. Selected classes are Scotia Series. Prize money in every class.**

**You can use your own Back Numbers**

**VISA/MASTER CARD**

**Card Holder's Name** \_\_\_\_\_

**Card Number** \_\_\_\_\_

**Expiry Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

Total Class Fees	
Trailer Space - \$20 Per Night	
Stake Fees \$30.00	
Box Stall - \$30.00 for any 24 hr. period	
Administration Fee	\$30.00
Ring Number Deposit	\$10.00
<b>Total</b>	

**All classes will follow the Scotia Series rules except Gymkhana which will follow Exhibition rules attached**

**ENTRIES MUST BE RECEIVED ON OR BEFORE August 27, 2018**

RULES: All classes except the Gymkhana will follow the Scotia Series Rules which can be found on this link:  
[https://www.horsenovascotia.ca/Download/Competitions/Scotia\\_Series/Scotia\\_Series\\_Rulebook\\_2018.pdf](https://www.horsenovascotia.ca/Download/Competitions/Scotia_Series/Scotia_Series_Rulebook_2018.pdf)

NOVICE GYMKHANA - (MISCELLANEOUS DIVISION) – EXHIBITION RULES WILL APPLY

SHOW CHAIRPERSON: Janice Keith

WESTERN COMMITTEE: Jane Abbott, Sandi Powell

- Entry priority will be given to Hants County Residents
  - Horses and/or Riders that run in the Open MBRA the first weekend of Windsor Exhibition are not eligible to participate in the Novice Gymkhana classes the second weekend of the Exhibition.
  - All competitors must report to show office before showing.
  - The Novice Gymkhana is not a training class so all horses must be able to run the pattern
  - Horses must be walked into the ring. Riders will be given a signal to enter the ring, no further signal will be given.
  - Horses must be walked from the ring to exercise area.
  - Riders are not permitted to exercise more than one horse at a time (no ponying).
  - Both hands may be used on reins. 5 second penalty for knocking down barrel or pole.
  - Handlers must release horses at in-gate.
  - If a horse or rider (or both) fall during a run it is considered off course and thus eliminates them from that run.
  - Disqualification will be for going off course or crossing the finish line before course is completed
  - Riders 18 years and under must wear approved helmets while mounted
  - Western Attire must be worn, cowboy hat or helmet, boots with heels, long sleeve shirt and jeans with no rips
  - High Point Novice Gymkhana will be the horse that enters the Division and has the same rider with the most points.
  - Point system will be 5-4-3-2-1 and money will be by percentage
  - Final Decision from issues rising outside these stated rules will be the sole decision of the Western Show Committee
- ENTRIES: All entries must be on the regulation form provided. See top of entry form for mailing address and phone/fax numbers. Entries may be paid for with cash, cheque or VISA/MASTERCARD.  
ENTRIES WILL NOT BE ACCEPTED UNTIL PAID IN FULL

CLOSING DATE FOR ENTRIES: Entries must be received by the office on or before Aug 27, 2018

NOTE: Show Committee reserves the right to refuse any entry due to lack of stabling and/or scheduling.

REFUNDS: Will be made with Vet Certificate prior to the first class. To collect, vet certificate must be given to the show office. A refund will be made on drug fee, stake fee and 75% of entry fee.

LIABILITY INSURANCE: Third-party Liability Insurance is required.

EXHIBITORS MUST INCLUDE WITH ENTRY A CURRENT LETTER FROM THEIR INSURANCE COMPANY STATING THAT THEY HAVE ONE MILLION DOLLARS (MINIMUM) LIABILITY COVERAGE WHILE ATTENDING THE HANTS COUNTY EXHIBITION OR PROOF OF MEMBERSHIP IN NSEF.

STABLING: See Booklet for your times

See Schedule for class times.

Highpoint will be after the last class that counts towards the divisions.

## **STALL RELEASE FORM - 2018**

The Windsor Agricultural Society and the Hants County Exhibition hereby agrees to provide a stall(s) to:

Name of Exhibitor \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

The stall(s) may be used for the following period:

**September 20 21 22 23**

This form is to be signed by the owner or agent. The person voluntarily signing this form agrees to indemnify, exonerate and hold harmless the Society, the Hants County Exhibition, their Committee, Officials, Employees and Agents from and against all damage and expenses arising out of any accident or occurrence causing injury (including death) or damage to property arising from use of the stall(s).

Stalls used are required to post their name and phone number where they may be reached in case of an emergency on the stall. Exhibitors staying in the Trailer Park are to state which lot they are in, a description of their trailer and license plate number.

Should stall user determine that the stall is not suitable for their animal they may ask for repairs. If repairs are not satisfactory the exhibitor will be excused from exhibiting at the Show.

\_\_\_\_\_ Date: \_\_\_\_\_ 2018  
Signed by Exhibitor or Agent

\*\*\*\*\*

### **STABLING INFORMATION MUST BE COMPLETED IN FULL**

### **INCOMPLETE FORMS WILL NOT BE PROCESSED**

Stable Managers: Janice Keith (English), Jane Abbott (Western)

Please circle stall required:      Straight With Door      Regular Box      Stallion

Day & approximate time of arrival \_\_\_\_\_

Horse's Name \_\_\_\_\_ Height \_\_\_\_\_

Rider's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please circle one:      Mare      Gelding      Stallion      Ring Number \_\_\_\_\_

### **LAST YEAR WE HAD A WAITING LIST FOR STALLS**

SPECIAL REQUESTS:

**HANTS COUNTY EXHIBITION LIGHT HORSE ENTRY FORM WAIVER**

Ring #: \_\_\_\_\_

**Waiver & Release (Mandatory)**

I, hereby certify that every horse and rider is eligible as entered and agree for myself and my representatives to be bound by the Constitution and rules of Scotia Series at this competition.

It is hereby recognized that all equestrian sports involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hold harmless NSEF, the competition, their officials, organizers, agents, employees and their representatives. As the person responsible I agree to the release of any information on the entry form to Nova Scotia Equestrian Federation

Signature of Rider \_\_\_\_\_ Date \_\_\_\_\_

(If not the rider) Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

The parent /guardian of any rider under the age of 18 years must complete and sign below:

"In the event that \_\_\_\_\_ participates in a Scotia Series sanctioned competition where protective headgear is required for juniors, he/she will wear properly fitted and fastened, approved headgear at all times while riding or driving at the event location. It is understood that juniors not meeting this requirement will not be allowed to compete at this competition."

Signature of Parent/ Guardian/ Registered Participant \_\_\_\_\_ Date: \_\_\_\_\_

If the person other than the Owner, Lessee or Rider is responsible for the horse on the day of the competition, the Person Responsible must sign.

Signature Person Responsible \_\_\_\_\_

Print Person Responsible \_\_\_\_\_ Date \_\_\_\_\_

**ADULT WAIVER FOR MINOR PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT. BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!**

In consideration for allowing my minor child/ward to participate in all related events and activities of **WINDSOR AGRICULTURAL SOCIETY** I hereby warrant and agree:

1. I am the parent/guardian having full legal responsibility for decisions regarding my minor child/ward, *namely* \_\_\_\_\_ **and**
2. I am familiar with and accept, on behalf of myself and my minor child/ward that there is the risk of serious injury and death in participation in **HANTS COUNTY EXHIBITION** and in competitive **HANTS COUNTY EXHIBITION** in particular; and
3. I have satisfied myself and believe that my minor child/ward is physically, emotionally and mentally able to participate in this program, and that his/her equipment is mechanically fit for his/her use in this program; and
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward; and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in the program.
6. I authorize **WINDSOR AGRICULTURAL SOCIETY** to consent to emergency medical treatment in accordance with the best interests of my minor child/ward, should I not be present at the relevant time to grant consent myself.

**I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, HIS/HER HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:**

1. AN UNQUALIFIED ASSUMPTION OF ALL RISKS associated with participation in this program by my minor child/ward even if arising from negligence or gross negligence, including any compounding or aggravation of injuries caused by negligent first aid operations or procedures, of the program organizer, the program venue and any persons associated therewith or participating therein; and
2. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have or may in the future have against **WINDSOR AGRICULTURAL SOCIETY** and its directors, officers, employees, guides and representatives, advertisers, other participants, sponsors (all of whom are collectively referred to as "the Releases") from any and all liability for any loss, damage, injury or expense that my minor child/ward may suffer, or that his/her next of kin may suffer as a result of his/her use of or presence at, **THE WINDSOR AGRICULTURAL SOCIETY**, facilities, due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE RELEVANT OCCUPIERS LIABILITY ACT OR ANY OTHER RELEVANT STATUTES, on the part of the Releases.
3. AN AGREEMENT NOT TO SUE THE RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the program; and
4. AN AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the Releases or otherwise.
5. AN ACKNOWLEDGMENT that I HAVE READ THIS DOCUMENT THOROUGHLY.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN SUBSTANTIAL LEGAL RIGHTS WHICH MY MINOR CHILD/WARD, HIS/HER HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS AND I MAY HAVE AGAINST THE RELEASEES.**

**I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.**

*Signature of Parent/Guardian*

*Printed Name of Parent/Guardian*

*Signature of Witness*

*Print Name of Witness*

*Date* \_\_\_\_\_

*Age of Minor Child/Ward* \_\_\_\_\_

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**  
**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**

**PLEASE READ CAREFULLY!**

In consideration for allowing me to participate in any or all events and related activities of the *Horse Shows Conducted by The Windsor Agricultural Society* I hereby warrant and agree that:

I am familiar with and accept that there is always the risk of serious injury and death resulting from participation in any organized recreational activity particularly those involving horse show events, competitions and like activities offered as part of the programme of the *Windsor Agricultural Society* and

1. I have satisfied myself, and believe, that I am physically, emotionally and mentally able to participate in this programme, and that my equipment is appropriate for use in this programme; and
2. I understand that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with me; and
3. I will immediately remove myself from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that I have experienced any deterioration in my physical, emotional or mental fitness, or that of my equipment, or exceeded my comfort level, for continued participation in any event or related activity.

**I UNDERSTAND AND AGREE, ON BEHALF OF MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:**

1. AN UNQUALIFIED ASSUMPTION BY ME OF ALL RISKS associated with my participation in any or all of the events and related activities of the *Windsor Agricultural Society Horse Shows* even if arising from the negligence or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the *Windsor Agricultural Society*, any event organizer, event venue and any and all persons associated therewith or participating therein in any capacity; or in transportation to and from such events and activities, and
2. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have, or may in the future have, against the *Windsor Agricultural Society*, all associated sponsors and partners, and their respective directors, officers, employees, coaches, leaders, contractors, agents and representatives, advertisers, volunteers, others participating in any capacity, (all of whom are collectively referred to as "the Releasees") from any and all liability for any loss, damage, injury or expense that I may suffer as a result of my use of or my presence at event facilities, or my participation in any part of, or presence at, any or all of the events and related activities of the Releasees due to any cause whatsoever, INCLUDING NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE RELEVANT *OCCUPIERS LIABILITY ACT* ON THE PART OF THE RELEASEES.
3. AN AGREEMENT NOT TO SUE THE RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly, from my participation in any aspect of the said events and related activities; and
4. AN AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the Releasees or otherwise.
5. An agreement that this document be governed by the laws, and in the courts of the Province of Nova Scotia.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN SUBSTANTIAL LEGAL RIGHTS WHICH I AND MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.**

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT this \_\_\_\_\_ day of \_\_\_\_\_, 2018 at Windsor, N.S., Canada

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

## **SCOTIA SERIES HELMET WAIVER FOR ADULT ATHLETES**

I am aware that approximately 60% of horse related human deaths are caused by head injuries, and that 70 to 80% of these possibilities could be prevented by proper, approved headgear and it is strongly recommended helmets be worn in all classes. I am also aware that the judge has been instructed not to penalize any athlete who decides to compete in approved protective headgear at this competition, no matter what the age or discipline of the athlete.

I am aware that I must wear ASTM/SEI, or BSI/BS EN, approved protective headgear in all classes except the classes in the **Western Performance Division**.

I have read the above information and I hereby accept the risk associated by my choice to not wear a helmet including but not limited to injury or death. I agree to accept this risk and hold harmless, the NSEF, this competition, their officials, organizers, agents, employees and their representatives, from and against all claims including any injury or loss suffered during or in connection with the competition; anywhere on the grounds and surrounding area (i.e. practice ring, stable area).

---

Competitor's Name (Please Print)

---

Competitor's Signature if 19 years of age or order

---

Date