

# Hants County Exhibition – 2021 Light Horse Entry Form

A separate form **MUST** be used for each rider entered.

E-transfer: [hantscountyex@eastlink.ca](mailto:hantscountyex@eastlink.ca) Password: **Bookings**

Please indicate whose entry you are paying for in Message

Horse's Name	
Rider's Name	
Rider's PTSO # & NSEF #	
Rider's DOB	
Emergency Contact	Name & Phone Number
Mailing Address for Prize Money	
_____	
_____	
Province: _____ Postal Code: _____	

## Payment Information:

Cardholder Name	
Card #	
Expiry Date (MM/YR)	
Signature	

<b>Total Class Fees</b>	
Warm Up Round (\$10) x _____	
Stall Fee \$30 x _____ 24 hrs	
Administration Fee Hunter/Jumper	<b>\$30.00</b>
Administration Fee Bean Sprouts	<b>\$10.00</b>
<b>Total Show Fees</b>	

### Hunter Classes - \$10.00 per class, \$20.00 Stake (please circle Class #)

Class #	Class	Classes Entered
1,2,3	Speed Bump	
4,5,6	2' Hunter	
7,8,9	2'3" Hunter	
10,11,12	2'6" Hunter	
13,14,15	2'9" Hunter	
16,17,18	3'0 Hunter	
19,20,21,22	Farm yard Stake	
23 Sm, Med, Lrg	Comb. Pony Hunter	

### Jumper Classes - \$20.00 per class

Class #	Class	Classes Entered
24	0.75m Welcome	
25	0.75m Speed	
26	0.85m Welcome	
27	0.85m Speed	
28	0.9m Welcome	
29	0.9m Speed	
30	1.0m Welcome	
31	1.0m Speed	

### Bean Sprout Classes - \$10.00 per class (please circle class#)

Class #	Class	Classes Entered
37a 37b	Lead Line	
38a 38b	Walk Trot/Jog	
39a 39b	Walk, Trot/Jog, Canter/Lope	

### Jumper Classes (continued) - \$20.00 per class

32	1.10m Welcome	
33	1.10m Speed	
34	West Hants Jumper Challenge	
35	Hooves, Paws & Boots Relay	

## Stall Release Form

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

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

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Coach/Barn Name \_\_\_\_\_

Stalls will be used for the following period - Please circle

September    23    24    25    26

Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

Height of Horse: \_\_\_\_\_ hh

Special Requirements: \_\_\_\_\_

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 the use of the stall(s). Stall(s) users are required to prominently post a Name and Phone Number where they may be reached in case of an emergency. Exhibitors staying in the Trailer Park are to state which lot they are in with a description of their trailer and license Plate Number.

Should the 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.

\_\_\_\_\_  
Signed by Owner or Agent

\_\_\_\_\_  
Date

### West Hants Regional Municipality Presents: Hants County Jumper Challenge

Jumper competitors that enter a minimum of two classes are invited at no fee to pick a team of 3 riders. Course will be set at two heights 0.75m and 0.9m. At least one rider must be from the 0.9 division or above. In the event of a tie the accumulated times will be the deciding factor. Teams are required to choose their names based on Hants County Communities. Example: Brooklyn, Falmouth, Ardoise, Sweet's Corner, Chester Road and Ellershouse, etc.

Named teams (rider & horse/pony) should be presented with your entry. **Please fill out this form with entry.** Ribbons and prize money to be awarded.

Ad

The Hants County community your Team will be competing for is: \_\_\_\_\_

Horse Name	Rider Name
1.	
2.	
3.	

**Windsor Agricultural Society the "Organization"  
Daily Attestation**

**DAILY COVID-19 ATTESTATION AND AGREEMENT**

By signing below, the Participant (named below) or the Participant's Guardian attests that the Participant:

1. Does not knowingly have COVID-19;
2. Is not experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath or malaise;
3. Has not travelled internationally during the past 14 days;
4. Has not frequented a COVID-19 high risk area in the Province during the last 14 days;
5. Has not, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining after returning to Canada; and
6. Has been following government recommended guidelines in respect of COVID-19, including practicing physical distancing.

Furthermore, by signing below, the Participant or the Participant's Guardian agrees that while attending or participating in the Organization's events or attending at the Organization's facilities, the Participant:

1. Will follow the laws, recommended guidelines, and protocols issued by the Government of the Province in respect of COVID-19, including practicing physical distancing, and will do so to the best of the Participant's ability while participating in the Organization's events or attending at the Organization's facilities;
2. Will follow the guidelines and protocols mandated by the Organization in respect of COVID-19;
3. Will, in the event that the Participant experiences any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise, immediately:
  - a. inform a representative of the Organization; and
  - b. depart from the event or facility.

**FOR PARTICIPANTS WHO HAVE BEEN DIAGNOSED WITH COVID-19**

By signing below, the Participant (named below) or the Participant or the Participant's Guardian attests that the Participant has been diagnosed with COVID-19, but been cleared as noncontagious by provincial or local public health authorities and has provided to the Organization, in conjunction with this COVID-19 ATTESTATION AND AGREEMENT, written confirmation from a medical doctor of the same.

**Print Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
the "**Participant**" (mm/dd/yyyy)

**Print Name:** \_\_\_\_\_  
The "**Guardian**" (if Participant is a minor)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Participant or Guardian for minor (mm/dd/yyyy)

**Windsor Agricultural Society the “Organizer”  
Event Participation Waiver  
WAIVER OF LIABILITY FOR ALL CLAIMS AND RELEASE OF LIABILITY  
PLEASE READ CAREFULLY BEFORE SIGNING.**

Completed waivers must be returned with registration or prior to attending the Organizer’s event: \_\_\_\_\_ (the “Event”). This waiver does not affect accident and out-of-country travel insurance provided by the Organization where applicable.

By signing below, the Participant (named below) and/or the Participant’s Guardian represents that the Participant:

1. Has not travelled internationally during the last 14 days;
2. Has not visited a COVID-19 high risk area, region or location in Canada during the last 14 days;
3. Does not knowingly have COVID-19;
4. Is not experiencing known symptoms of COVID-19, such as fever, cough, or shortness of breath, and if experiences such symptoms during the Event will immediately depart from the Event;
5. Has not, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining after returning to Canada; and
6. Follows government recommended guidelines in respect of COVID-19, including practicing physical distancing, and will do so to the best of the Participant’s ability during the Event.

In consideration for allowing the Participant to participate in the Event, the Participant and/or the Participant’s Guardian: (a) release, discharge and forever hold harmless the Organization from any and all liability for damages or loss arising as a result of the Risks of participation in or in connection with the Event; (b) waive any right to sue the Organization in respect of all causes of action (including for injuries or illness caused by their own negligence), claims, demands, damages or losses of any kind that may arise as a result of the Risks of participation in or in connection with the Event, including without limitation the right to make a third party claim or claim over against the Organization arising from the same; and (c) freely assumes all risks associated with the Risks, anything incidental to the Risks, which may arise as a result of participation in or in connection with the Event. **YOU ARE GIVING UP LEGAL RIGHTS TO ANY AND ALL FUTURE CLAIMS AGAINST THE ORGANIZATION.**

In addition, by signing below the Participant and/or the Participant’s Guardian understands, acknowledges and assumes the inherent risks in participating in the Event, including, but not limited to: the potential for bodily injury or illness (including contraction of COVID-19); contact or interaction with others who may have been exposed to COVID-19; permanent disability, paralysis, or loss of life; collision with natural or manmade objects; dangers arising from adverse weather conditions; imperfect venue or field of play conditions; equipment failure; participants of varying skill levels; inadequate safety measures; circumstances known, unknown or beyond the control of the Organizer, its partners, sponsors, agents, affiliates, directors, employees, officer, therapists, or volunteers (together, the “Organization”); negligence or omission of the Organization (collectively, the “Risks”).

I confirm that I have read and fully understand this waiver and release of liability. I sign this waiver and release of liability voluntarily without any inducement, assurance, or warranty being made to me.

**Print Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
the “Participant” (mm/dd/yyyy)

**Print Name:** \_\_\_\_\_  
The “Guardian” (if Participant is a minor)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Participant or Guardian for minor (mm/dd/yyyy)

**Windsor Agricultural Society/Hants County Exhibition**  
the "Organization"  
**Facility Use Waiver**

**WAIVER OF LIABILITY FOR ALL CLAIMS AND RELEASE OF LIABILITY PLEASE**  
**READ CAREFULLY BEFORE SIGNING.**

Completed waivers must be returned prior to entry and use of the Organization's facilities. This waiver does not affect accident and out-of-country travel insurance provided by the Organization where applicable.

By signing below, the Participant (named below) and/or the Participant's Guardian understands and acknowledges, the risks, dangers, and hazards which are inherent on entering all lands, properties, facilities, structures, installations, vehicles or equipment owned, leased, operated or otherwise controlled by the Organization (the "Premises"), which risks include, but are not limited to: the potential for bodily injury or illness (including contraction of COVID-19); contact or interaction with others who may have been exposed to COVID-19; close proximity to or contact with surfaces, equipment, fixtures, or other objects that, despite the Organization's efforts, may be infected with COVID-19 or other communicable illnesses; permanent disability, paralysis, or loss of life; collision with natural or manmade objects; tripping hazards; imperfect venue or field of play conditions; equipment failure; participants of varying skill levels; the negligent use of the Premises by others; inadequate safety measures or unsafe Premises; other circumstances known, unknown or beyond the control of the Organizer, its partners, sponsors, agents, affiliates, directors, employees, officers, therapists, or volunteers (together, the "Releasees"); or negligence or omission of the Releasees (collectively, the "Risks").

In consideration for allowing the Participant to use the Premises, the Participant and/or the Participant's Guardian: (a) release, discharge and forever hold harmless the Releasees from any and all liability for damages or loss arising as a result of the Risks arising from entry into or use of the Premises; (b) waive any right to sue the Releasees in respect of all causes of action (including for injuries or illness caused by their own negligence), claims, damages or losses of any kind that may arise as a result of the Risks or in connection with entry into or use of the Premises, including without limitation the right to make a third party claim or claim over against the Releasees arising from the same; and (c) freely assumes all risks associated with the Risks or anything incidental to the Risks, which may arise as a result of or in connection with use of the Premises. **YOU ARE GIVING UP LEGAL RIGHTS TO ANY AND ALL FUTURE CLAIMS AGAINST THE ORGANIZATION AND RELEASEES.**

I confirm that I have read and fully understand this waiver and release of liability. I sign this waiver and release of liability voluntarily without any inducement, assurance, or warranty being made to me.

**Print Name:** \_\_\_\_\_  
the "Participant"

**Date of Birth:** \_\_\_\_\_  
(mm/dd/yyyy)

**Print Name:** \_\_\_\_\_  
the "Guardian" (if Participant is a minor)

**Signature:** \_\_\_\_\_  
Participant or Guardian for minor

**Date:** \_\_\_\_\_  
(mm/dd/yyyy)