



2071 – 216<sup>th</sup> Street Langley BC V2Z 1P6  
Email: [nsiebert@telus.net](mailto:nsiebert@telus.net)

Phone (604) 789-0150  
Website: [www.windsum.ca](http://www.windsum.ca)

# Winter Dressage Series 2010/11

March 6, 2011      April 3, 2011      May 1, 2011  
Judges: TBA  
Series Awards for Hi-Point Junior & AA/Open

**Test of Choice: please circle**

Walk / Trot	A	B	C	D
Training Level	1	2	3	
First Level	1	2	3	
<b>Exhibition Rides Only</b>				
Second Level	1	2	3	
Third Level	1	2	3	
Fourth Level	1	2	3	

Special Requests: \_\_\_\_\_  
\_\_\_\_\_

Traveling with: \_\_\_\_\_

**Rules:**

- All tests to be ridden in 20m x 60m arena
- Boots and bandages allowed
- Rider must be HCBC member
- Rider must wear helmet and boots
- Neat attire
- Maximum three tests per horse
- Other levels and Para tests can be requested (arena size will be appropriate)
- Can miss 1 show in the series and still be eligible for Series Hi-Point Awards
- **Absolutely NO dogs allowed on property**

\$25 per test ridden	
\$25 per day stall	
Sub total	
87525 4906 RT0001    12% HST	
Total	\$

**Entries close 6pm the Monday before. Day stalls are limited, first come first serve.  
Times will be posted on our website and Emailed the Friday before the show.**

Please make cheques payable to: Windsum Enterprises Ltd

**Mail to: PO Box 61568 Brookwood PO, Langley, BC V3A 8C8  
Or drop of at Windsum**

Name \_\_\_\_\_ Horse \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ HCBC # \_\_\_\_\_

Date of Show \_\_\_\_\_ Email \_\_\_\_\_

Please circle one:      Junior      AA/Open

## *Will show rain or shine*

**Please complete Waiver attached**

# LIABILITY RELEASE

TO: *WINDSUM ENTERPRISES LTD.*  
of 2071 – 216<sup>th</sup> Street, Langley, BC V2Z 1P6

## PLEASE READ CAREFULLY

THE UNDERSIGNED in consideration of being permitted to enter on and/or use the land and premises of Windsum Enterprises Ltd. (*the "Owner"*) located at:

2071 – 216<sup>th</sup> Street, Langley, BC V2Z 1P6 (*the "Premises"*)

do for myself, my administrators, executors, successors and assignees UNDERTAKE AND AGREE to hold the Owner, operators and the instructors, and their respective administrators, executors, successors and assignees harmless, and release from all liability whatsoever, with respect to any loss, damage, injury or death suffered by the undersigned either with respect to their respective persons or their property of any nature whatsoever (*including without restricting the generality of the foregoing*) saddles, tack or horses by any cause whatsoever including the default or negligence of the Owner, and its operator(s), instructor(s), and employees, and including damage by fire, theft (*it being specifically herein agreed that it is not the responsibility of the Owner or operator to insure the property of the undersigned or his/her infant children against loss by fire or theft or all the foregoing*) injury to myself or my infant children while riding on or off the Premises or caused by any horse stabled or otherwise on the Premises and the undersigned FURTHER UNDERTAKES AND AGREES that in the event of such loss, damage, injury or death the undersigned shall not and shall not suffer or permit to commence an action in any court against the Owner or operator with respect to any such loss, damage, or injury on behalf of him/herself or his/her infant children.

The undersigned hereby represents that he/she is in proper physical condition to participate in the activities to be engaged, in particular horse-back riding.

The undersigned acknowledges, and is aware that, participation in the activity of horse-back riding, and other associated activities can cause severe physical injury to the person.

In recognition of having read, understood, and agreeing to the terms of this Liability Release, I have signed this Liability Release on this \_\_\_ day of \_\_\_\_\_, 201\_\_ at Langley, British Columbia.

\_\_\_\_\_  
Participants Name

\_\_\_\_\_  
Witnesses Name

\_\_\_\_\_  
Participants Signature or Parent/Guardian  
(Parent must sign if Participant is under  
19 years of age)

\_\_\_\_\_  
Witnesses Signature

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_