

CLINIC REGISTRATION

Cold Lake Agricultural Society

Cold Lake Agricultural Society General Clinic Registration Form

Must sign up 1 week in advanced.

Maximum of 4 people per session per skillset per date.

Clinic Name: **Winter Jumping Sessions with Niki Reid**

Date: **Mar. 28, Apr. 18** (Circle your preference/s)

Introduction (up to 2') **Intermediate** (2" and up) {Circle your skill set.}

Rider Name: _____

Address: _____

Postal Code: _____

Phone Number: _____

E-mail Address: _____

Age (if under 18): _____ AEF #: _____ or other PSO

Name of Horse: _____

Age of Horse: _____ Mare/Gelding/Stallion

Level of Rider: _____

Emergency Contact: _____

Phone #: _____

Introductory sessions will be from 6:30 pm - 8 pm

Intermediate sessions will be from 8 pm - 9:30 pm

Cost of Sessions: **Arena Pass Holders \$50.00/Session**

: Non- Arena Pass Holders: \$60.00/Session

Payment accepted by: Cash, Cheque, Credit Card*, Debit, or E-transfer.
3% fee will apply to credit card purchases*

Office Use Only:

Cost of Clinic: \$ _____

Total Cost of Stabling: \$ _____

Total Amount Payable: \$ _____

Method of Payment: _____

Date: _____

Processed by: _____

COLD LAKE AGRICULTURAL SOCIETY at EXHIBITION PARK

4608 38 AVE., COLD LAKE, AB, T9M 1K6

WWW.COLDLAKEAG.COM | 780-594-0667



GENERAL WAIVER

Cold Lake Agricultural Society

Cold Lake Agricultural Society General Waiver

RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please note that by signing this agreement, you give up the right to sue for any injury or damages howsoever caused.

Cold Lake Agricultural Society (The Company) and its directors, officers, employees, representatives, and agents, (collectively called “the agents”

I _____ **NAME** _____ hereby sign this agreement on behalf of myself, my personal representative, heirs, and assigns.

1. I agree as a precondition to my participation in all events organized by the Cold Lake Agricultural Society and of the

Agents including, but not limited to: _____ **ACTIVITY** _____ Collectively referred to as: (the activities) and in further consideration of “the company” allowing me to do so., that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk, and Indemnity Agreement, (the agreement). I acknowledge that “the Activities” involve inherent risks and dangers that may cause serious injury and possible Death to Participants.

2. I fully understand the risks and dangers associated with my participation in “the activities” and accept the same entirely at my own risk.

3. I hereby wave all claims which I may have against the Cold Lake Agricultural Society and “the agents” and release the Cold Lake Agricultural Society and “the agents” from all liability for injury, death, property damage or any sustained by me as a result of my participation in “the activity”, due to any cause whatsoever: including negligence, breach of contract, or breach of any statutory if other duty of care by the Cold Lake Agricultural Society and/or “the agents”

4. I appreciate that “the agreement” limits the liability of “the agents” to the same extent as it limits the liability of “the Cold Lake Agricultural Society”, even though “the agents” are not formal parties to the agreement.

I AM 16 YEARS OF AGE OR OLDER AND I HAVE READ AND UNDERSTAND “THE AGREEMENT”. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE “THE Cold Lake Agricultural Society: AND/OR “THE AGENTS” AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS. IF I AM THE PARENT AND/OR GURADIAN OF THE PARTICIPANT, I HAVE READ AND UNDERSTAND AND EXECUTE “THE AGREEMENT” ON BEHALF OF THE CHILD/REN.

WITNESS SIGNATURE

PARTICIPANT OR PARENT/GUARDIAN

DATE

PRINT NAME OR NAME OF CHILD/REN

EMAIL AND PHONE NUMBER

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