

# 2019 MQHA Equine Review

## Jeremy LaRose Clinic Application

One form per horse/rider combination

May 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> • Sussex, NB

Please submit completed application to [MQHAequinereview@gmail.com](mailto:MQHAequinereview@gmail.com)

Participant Name:			
Address:			
Phone		Email	
<b>If participant is 18 or under parent/guardian must complete:</b>			
Parent/Guardian Name:			
Address:			
Phone		Email	

### Rider Biography

Please provide a biography of your riding experience (attach a separate page if more space is needed):

### Horse Biography

Please provide a biography of your horses' background and training (attach a separate page if more space is needed):

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All participants with horses will be required to stall your horse while at Equine Review.

1. Do not send your fee with your application. You will be contacted once your application is approved.

### **PAYMENT INFORMATION**

ONCE YOUR APPLICATION IS APPROVED, PAYMENT SCHEDULE WILL BE AS FOLLOWS:

#### **CLINIC FEE OF \$660.00**

\$165.00 Non-refundable deposit due to confirm your spot within 7 days of application approval

\$165.00 installment **due by March 1, 2019**

\$330.00 clinic fee balance + stall fees + camping fees **due by April 1, 2019**

2. Incomplete applications will not be accepted. Please complete all details on page 1 & 2.
3. Selections will begin in February 1, 2019. All applicants will be notified of their acceptance status. Spaces will be filled as deposited are received on approved applications. Spaces will not be held or reserved in any other manner.

Please keep in mind that Equine Review is a very different setting from regular horse shows. The environment is more active, the crowds can be unsettling and warm-up time is very limited. Please keep in mind when applying to participate your horse should be able to be stalled at the minimum for a day and should not only fill the needs outlined below, but be able to handle the environment and not create additional challenges in the clinic because they cannot handle the environment.

Clinician	Clinic	# of rides	Fee	✓	Office use only
Jeremy LaRose	All Round Competitor Program	8	\$660.00		
Horse Stall – 4 DAYS	10 x 12 stall Barn 5 Weekend (Wed night to Sunday afternoon)		\$140.00		
Trailer Hookup – 4 DAYS	Semi (water/electrical) weekend		\$100.00		
Trailer Hookup – 4 DAYS	Full service (water/electrical/sewer) weekend		\$140.00		
			<b>TOTAL DUE:</b>		

Bedding not provided– Can be purchased from PLP Show Center Staff

**Required: Proof of Liability Insurance (NBEA # or EC Provincial affiliate).**

Please Note: Proper attire is necessary for the discipline you are participating in.

**Youth (18 & under) require parents signature and must wear a certified helmet.**

### **NOTICE:**

ALL RIDERS WILL SIGN AN AQHA ANIMAL WELFARE STATEMENT.

UNPROFESSIONAL CONDUCT OF ANY TYPE WILL **NOT** BE TOLERATED.

PARTICIPANTS EXHIBITING UNPROFESSIONAL BEHAVIOUR WILL BE ASKED TO LEAVE THE EVENT IMMEDIATELY AND WILL FOREFEIT ALL PAID FEES.

THIS WILL BE AT THE DISCRETION OF THE MQHA EQUINE REVIEW COMMITTEE AND MQHA BOARD OF DIRECTORS. UNPROFESSIONAL CONDUCT COULD RESULT IN SUSPENSION OF PARTICIPATION IN FUTURE MQHA EVENTS.

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### Maritime Quarter Horse Association Equine Review

#### WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in the Events and Clinics, being held in conjunction with the Maritime Quarter Horse Association Equine Review, at Princess Louise Show Park Centre, Sussex, NB on May 2<sup>nd</sup> thru 5<sup>th</sup>, 2019, as well as any and all activities related to such events, the undersigned acknowledges, appreciates and agrees that

1. The risk of injury from the activities involved in this type of event is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and
3. I willingly agree to comply with the stated and customary terms and conditions for participation in this event. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Maritime Quarter Horse Association, their officers, officials, agents and /or employees, other participants, sponsoring agencies, sponsors, advertisers, and , if applicable, owners and lessors of premises used to conduct the event (Releasees), WITH RESPECT TO ANY AND ALL INJURY DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHER WISE.
5. I agree to abide by all of the rules, regulations, and policies of the Maritime Quarter Horse Association and the Princess Louise Show Park Centre while participating at this event.
6. Maritime Quarter Horse Association STRONGLY recommends owners take precautions to prevent the spread of disease by vaccinating their horses on a regular schedule as recommended by a licensed veterinarian.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
PARTICIPANTS' SIGNATURE                      EMERGENCY PHONE NUMBER

X \_\_\_\_\_ Date Signed \_\_\_\_\_  
PRINT NAME

#### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor (19 and under) child's involvement or participation in these programs as provided above.

X \_\_\_\_\_  
PARENT/GUARDIAN S' SIGNATURE                      EMERGENCY PHONE NUMBER

X \_\_\_\_\_ Date Signed \_\_\_\_\_  
PRINT NAME