



**EASTERN ONTARIO PLEASURE DRIVING SOCIETY INC.
DRIVING CLINIC**

Clinician – Nicole Cable
Fairstead Stables, 2950 County Road 20,
Kemptville, Ontario K0G 1J0
September 15 - 17, 2017

One Registration form and one Waiver form to be filled out for each driver

Registration Form (*one for each driver must be filled out*)

Name: _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

OE/FEQ Number (If applicable): _____ Expiry Date: _____

Please check all that which applies to you:

<input type="checkbox"/> Single Horse/Pony/VSE	<input type="checkbox"/> Pair	<input type="checkbox"/> Other
<input type="checkbox"/> Novice Driver	<input type="checkbox"/> Novice Horse	<input type="checkbox"/> Experienced Turnout

Please check the date(s) you wish to attend and we'll do our best to accommodate you:

May 20 AM	<input type="checkbox"/>	May 20 PM	<input type="checkbox"/>	May 21 AM	<input type="checkbox"/>	May 21 PM	<input type="checkbox"/>	May 22 AM	<input type="checkbox"/>	May 22 PM	<input type="checkbox"/>
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Indicate Number of lessons requested Limited to one(1) private and one(1) semi per driver or two (2) semis per driver with mini

Note: VSE (Minis) should only be in a semi.

<input type="checkbox"/> Private lesson (s) @ \$110.00	<input type="checkbox"/> Semi-private lesson(s), 2 drivers only @ \$75.00
<input type="checkbox"/> Check here if you wish to be contacted if more spaces become available	

Do you require overnight stabling? \$25.00 per night.

To be **paid to the stable owner in advance, cheque** to be made out to **Terry Olmstead** and to be sent with **registration**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Circle Date(s) required:

May 20 May 21 May 22

Registration will not be processed until all required forms are received.
Registration is on a first come first serve basis. Confirmation will follow.
No refunds will be made except with a veterinary or doctors' note.
Administration fee of \$20.00 will be charged.

Kindly return completed Registration Form, Waiver Form and Proof of Insurance with cheque made out to **EOPDS** (not postdated) to:

Terry Olmstead
2950 County Road 20,
Kemptville, Ontario
K0G 1J0



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Waiver Form - *(one for each driver must be filled out)*

**NOTE: This document will affect your legal rights and liabilities –
Please read carefully**

Name: _____

OEF/FEQ Number (If applicable): _____ **Expiry Date:** _____

I acknowledge that the sport of driving is a high risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge the inherent risks in driving and working around horses, which risks include bodily injury to both horse and driver which can result from normal use, competition, or schooling.

*In consideration of being allowed to attend this facility, I hereby assume all risk and I hereby release and absolve the **Eastern Ontario Pleasure Driving Society**, Organizing Committee, Provincial Associations, the Canadian Equestrian Federation and their officials, volunteers, Officers, Directors, agents, representatives and employees and the owners and occupiers of **Fairstead Stables, 2950 County Road 20, Kemptville, Ontario K0G 1J0** from all responsibility, liability or claims of any nature and kind which I may have arising from my participation in this activity, including but not limited to bodily injury or death to myself or my horse(s) and damage to property arising from any cause whatever, including the negligence of one or more of the individuals and organizations referred to herein. I hereby declare that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.*

Signature of Participant: _____ **DATE:** _____

If the driver is under eighteen years, the Parent/Guardian must also sign below

I acknowledge as Parent/Guardian of (driver): _____

that I have read and fully understand and agree to the terms and conditions stated herein on behalf of:

(driver) _____ *and myself.*

Signature of Parent/Guardian: _____ **DATE:** _____

Parent/Guardian (Please Print): _____

Address: _____

Telephone: (home) _____ **Cell:** _____

Fax: _____ **Email:** _____

In addition to the above, it is required that there is liability coverage for the horse if driven by someone other than the owner:

Signature of Owner/Agent: _____ **DATE:** _____

Address: _____

Telephone: (home) _____ **Cell:** _____

Fax: _____ **Email:** _____