

EASTERN ONTARIO PLEASURE DRIVING SOCIETY INC.
DRIVING CLINIC
Clinician – Nicole Cable
Mian Farm, 6120 Rideau Valley Drive,
Manotick, Ontario K4M 1A8
August 19 & 20, 2018

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

Name: _____
Address: _____
Postal Code: _____
Telephone: _____ Cell: _____
Email: _____
OE Number (If applicable): _____ Expiry Date: _____

Please check that which applies to you:

Single Horse/Pony/VSE/Donkey/Other Pair Other
 Novice Driver Novice Horse Experienced Turnout

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

August 19 AM August 19 PM August 20 AM August 20 PM

Indicate Number of lessons requested (Limited to one private and one semi at this time – a semi lesson will be 1/2 hour)

Private lesson (s) @ \$110.00 Semi-private lesson(s), 2 drivers only @ \$70.00 each
 Check here if you wish to be contacted if more spaces become available

Please Indicate your Lesson Preference from the following six(6) choices (enter number beside the Lesson # 1 and/or #2:

- | | |
|---------------------------------------|---------------------------------|
| 1. Reinsmanship (focus on the driver) | 2. Working (focus on the horse) |
| 3. Cones (timed) | 4. Dressage Training #1 pattern |
| 5. Dressage Preliminary #2 pattern | 6. General Driving |

For Lesson #1 And / or **For Lesson #2**

New this year – Our Clinician will be giving a **demonstration** of a properly driven **Dressage Test** and **Cones Course** at **4 PM August 19th**. This will be followed by a **barbeque - compliments of EOPDS**.

Auditors Welcome – (Clinician will be wearing a headset and microphone)

Do you require overnight **stabling?** **\$25.00** per night. **YES** **NO** Circle Date(s)
To be **paid to the stable owner in advance**, cheque to be required: August 18 August 19
made out to **Ian Mulligan** and to be **sent with registration**

Proof of insurance or OE number enclosed Signed Waiver enclosed

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 a **cheque** (not postdated) payable to **EOPDS** to:

Mrs. Mary Mulligan
Box 955, 6120 Rideau Valley Drive
Manotick, Ontario
K4M 1A8

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

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

OE/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 Organizing Committee, Provincial Associations, the Canadian Equestrian Federation and their officials, volunteers, Officers, Directors, agents, representatives and employees and the owners and occupiers of **Mian Farm, 6120 Rideau Valley Drive, Manotick, Ontario K4M 1A8** 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: _____