

VEGREVILLE AGRICULTURAL SOCIETY PRESENTS  
**Ranch Riding Clinic with Rhondalyn Twitchell**  
**June 7 & 8, 2025**

|                      |            |
|----------------------|------------|
| FIRST NAME:          | LAST NAME: |
| DATE OF BIRTH:       |            |
| PHONE NUMBER:        | EMAIL:     |
| HORSE NAME:          |            |
| BIRTH YEAR OF HORSE: |            |

Breif description of horse and rider levels:

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| FEES & PAYMENTS   |                           | TOTAL |
|---|---------------------------|-------|
| 2 DAY CLINIC  | \$300.00 + GST = \$315.00 |       |
| BAGS OF SHAVINGS      # ____ X \$10 PER BAG X ____ =  |                           |       |
| RV STALL size ____ ft    \$30 PER NIGHT PWER /\$15 NO PWER  |                           |       |
|   |                           |       |
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|   |                           |       |
|   |                           |       |
| <b>GRAND TOTAL</b>  |                           |       |
| Please make cheques payable to the Vegreville Agricultural Society or<br>etransfer vegrevilleagsociety@gmail.com<br>4753 45 Vegreville AB T9C 1L1 |                           |       |

DATE RECEIVED \_\_\_\_\_/2025    PAYMENT BY: \_\_ETransfer\_\_    CREDIT\_\_    CHEQUE\_\_    CASH

☐ **WAIVER SIGNED ATTACHED**

## PERSONAL INFORMATION PRIVACY POLICY

Under the Personal Information Privacy Act (PIPA) the Vegreville Agricultural Society policy concerning personal information privacy is as follows:

By signing this entry form (below, in the Acceptance of Risk area) you are hereby authorizing the Vegreville Agricultural Society to use your personal information to send you future correspondence, as well as use your name and/or photo in our History Book, in promotional pamphlets or advertising and in publishing class results.

If you have concerns about this authorization, please contact the office toll free @ 1-888-611-0161.

## ACCEPTANCE OF RISK FORM

This document will affect your legal rights and liabilities. Please read carefully and sign before participating in the Horse Clinic.

☐ I acknowledge that this sport involving horses is a high risk sport, and that I am participating at my own risk and in full knowledge that there are significant risks involved in working with and around horses. I further acknowledge that there is some element of risk that an accident could occur and result in injury or death to the rider and their horse.

☐ In consideration of being allowed to participate, I hereby assume all risk and release/absolve the VEGREVILLE AGRICULTURAL SOCIETY and its employees, directors, volunteers, and officers from all responsibility, liability, or claims of any nature and kind which I may have arising from my participation in this activity, including bodily injury or death to my horse or myself and damage to property arising from any cause whatsoever. I will be responsible for my equipment and, at no time, hold anyone else responsible for damage or theft of equipment.

☐ I hereby declare that in signing this document that I have read, understand, and agree to the terms and conditions stated herein, and that it is binding upon myself, my executors, and heirs.

Signature of Rider/Handler: \_\_\_\_\_ Date: \_\_\_\_\_

If the Rider/Handler is under eighteen years, the parent/guardian must read and sign.

I acknowledge as Parent/Guardian of \_\_\_\_\_ that I have read, understand, and agree to the terms and conditions state herein and allow my child to participate in this activity.

Signature of \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

