

High Pointe Inn and Equestrian Centre
Fall Series
October 17, 2004
November 14, 2004

Dressage and Combined Test

Show Dates: October 17, 2004; November 14, 2004

Opening Date: September 17, 2004

Closing Date: By noon the Tuesday prior to each show

Secretary: Julie Godfrey 905-885-5832

Organizer: Gwen Boyles 905-342-1145

Mail Entries: Julie Godfrey, 63 Molson Street, Port Hope, ON L1A2K1

Fees :

\$20.00 per Dressage test

\$35.00 per Combined test

Awards :

Ribbons through 6th place

Series End Awards for highest average percentage in:

1. Introductory Level
2. Training Level
3. First Level & Above

Horse/Rider Combination must compete at the same level in the three shows to be eligible.

Combined Test Divisions:

1. Pre-Starter

Dressage – CADORA Walk/Trot Test

Stadium - Not to exceed 18"

2. Starter

Dressage – Dressage Basic 1A

Stadium - Not to exceed 2'0"

3. Intermediate

Dressage – Dressage Basic 1C

Stadium - Not to exceed 2'6"

4. Open

Dressage – Dressage Basic 2A

Stadium - Not to exceed 3'

5. Training

Dressage – Dressage Basic 2B

Stadium - Not to exceed 3'3"

Dressage Division Only:

1. Dressage Tests Training Level 1 & 2
2. Dressage Tests First Level 1 & 2
3. Dressage Tests Second Level & above tests 1 & 2
4. Optional: Add Tests 3 & 4 from Training & First Level
5. Optional: Freestyle

****Optional tests must be stated in pre-registration only****

Each participant will ride their test 2-times with 2nd test for final score.

If you require stabling please contact High Pointe Equestrian Centre 905-342-1145.

****** Horse Show Rules ******

- * Hard hats MUST be worn while mounted.
- * Six ribbons will be awarded in each class.
- * Schooling permitted in designated areas only.
- * No dogs allowed on premises.
- * High Pointe Inn and Equestrian Centre, Ltd., and/or their employees will not be held responsible for any accident, injury or loss while on the property. Exhibitors enter the show under these conditions.
- * There will be a \$25.00 charge for returned checks.
- * Proper dress is required.
- * Horse may wear leg bandages in Dressage only division for this series.

Agreement for Release & Waiver of Liability

I request permission to participate in horseback riding and other activities at High Pointe Equestrian Centre. I fully understand that horseback riding handling and grooming of horses and other stable activities is very dangerous. I accept and assume all the risks of injury (including death) to my property or me. **I also understand that while participating in this high-risk sport, it is recommended that I wear an approved helmet with a fixed harness while mounted. By not wearing proper safety headgear, I fully accept all responsibilities for my action.** In exchange for being permitted to participate in these activities, and, where applicable, permitting my horse to be boarded, for myself, my heirs, guardians, and legal representative, I release and agree not to make or bring any claim of any kind against any of High Pointe Inn and Equestrian Centre, Ltd., its officers or employees for injury (including death) to me or any damage to my property from any cause, whether from anyone's negligence or not, arising out of my participation in horseback riding or related activities. I also agree if anyone makes any claim because of any injury to me (including death), or for any damage to my property I will indemnify and deep all those released by this agreement except for those that I have no authority free of any damages or costs from such claims I agree not to make any claims against any other person or entity, which might claim contribution from or to be indemnified by, any of the above parties.

Signature: _____ Date _____
(If competitor is under 18 – parent or guardian must sign)

Show Date: _____

HPIEC Entry Form		
** Indicate if doing Dressage only or Combined Test. ** Entry Fees in Full Must Accompany Entry Form.		
Horses Name:		
Rider Name:		
OEF No:		
Street:	City:	PC:
Telephone: (h)	(w)	(fax)
Email address:		
Owner:		
OEF No.		
Street:	City:	PC
Telephone:		
Division:	\$35.00	\$
Dressage Test Only:	\$20.00	\$
Sub-Total:		\$
Gst: 7%		\$
Administrative Fee:		\$10.00
Total:		

Master Card/Visa/Amex Card Number: _____ Expiry: _____
 Name on Card: _____ Signature: _____

High Pointe Inn and Equestrian Centre
 PO Box 427
 Cobourg, Ont. K9A 4L1
 905-342-1145