

Jen Hamilton Jumper Clinic
High Performance/Level IV Coach

Jumper Clinic In The Big Ring

September 25-26

Group Lessons

Cost \$250

Hosted by Sambea Farm C/O Nathalie Green

24 Conrad Road

Lawrencetown, Nova Scotia

B2Z 1S1

902-488-9607

Rider Name: _____

NSEF Rider Membership Number: _____

Rider Telephone Number: _____

Rider Email Address: _____

Owner Name: _____

NSEF Owner Membership Number: _____

Owner Telephone Number: _____

Lesson Groups Offered:

0.70m Jumper

0.90m Jumper

1.0m/1.10m Jumper

1.15m/1.20m Jumper

Payment (\$250) is due on Monday September 20, 2021.

E-transfer & scan Registration Form and Waiver to sambeafarm@gmail.com.

E-transfer Password: sambea

Jen Hamilton Jumper Clinic

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WAIVER OF LIABILITY FOR ALL CLAIMS AND RELEASE OF LIABILITY PLEASE READ CAREFULLY BEFORE SIGNING.

Completed waivers must be returned with registration or prior to Jen Hamilton Clinic hosted at Samba Farm on Sunday October 25 2020. By signing below, the Participant (named below) and/or the Participant Guardian represents that the Participant:

1. Has not travelled internationally during the last 14 days;
2. Has not visited a COVID-19 high risk area, region or location in Canada during the last 14 days;
3. Does not knowingly have COVID-19;
4. Is not experiencing known symptoms of COVID-19, such as fever, cough, or shortness of breath, and if experiences such symptoms during the Event will immediately depart from the Event;
5. Has not, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining after returning to Canada; and
6. Follows government recommended guidelines in respect of COVID-19, including practicing physical during the Event.

In addition, by signing below the Participant and/or the participants Guardian understands, acknowledges and assumes the inherent risks in participating in the Event, including, but not limited to: the potential for bodily injury or illness (including contraction of COVID-19); contact or interaction with others who may have been exposed to COVID-19; permanent disability, paralysis, or loss of life; collision with natural or manmade objects; dangers arising from adverse weather conditions; imperfect venue or field of play conditions; equipment failure; participants of varying skill levels; inadequate safety measures; circumstances known, unknown or beyond the control of the Organizer, its partners, sponsors, agents, affiliates, directors, employees, officer, therapists, or volunteers (together, the “**Organization**”); negligence or omission of the Organization (collectively, the **Risks**).

In consideration for allowing the Participant to participate in the Event, the Participant and/or the Participant’s Guardian: (a) release, discharge and forever hold harmless the Organization from any and all liability for damages or loss arising as a result of the Risks of participation in or in connection with the Event; (b) waive any right to sue the Organization in respect of all causes of action (including for injuries or illness caused by their own negligence), claims, demands, damages or losses of any kind that may arise as a result of the Risks of participation in or in connection with the Event, including without limitation the right to make a third party claim or claim over against the Organization arising from the same; and (c) freely assumes all risks associated with the Risks, anything incidental to the Risks, which may arise as a result of participation in or in connection with the Event. **YOU ARE GIVING UP LEGAL RIGHTS TO ANY AND ALL FUTURE CLAIMS AGAINST THE ORGANIZATION.**

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I confirm that I have read and fully understand this waiver and release of liability. I sign this waiver and release of liability voluntarily without any inducement, assurance, or warranty being made to me.

Print Name: _____ Date of Birth: _____

Date: _____

the "**Participant**" Name: _____

(mm/dd/year) (mm/dd/year) Signature: _____

the "**Guardian**"

Participant or Guardian for minor