



JAMES ALLISTON CLINIC

JULY 1/2, 2017

ALHAMBRA STABLES, RED DEER

Back by popular demand, James Alliston will be teaching a Cross Country Clinic, at Alhambra Stables. This is James' third year for teaching in Alberta.

James is located in Castro Valley, California and is presently #35 in the world, according to the FEI Standings for Eventing, as of February 2017.

These Cross Country Clinics are very popular and they fill very quickly, every year. This very personable instructor does not teach XC jumping one fence at a time. The rider needs to be comfortable galloping on Cross Country, with the ability to string a number of fences together. This Clinic is not suitable for beginners.

The riding groups will spend 2 hours/day out on Cross Country.

For more information on James, go to www.jamesallistoneventing.com

If you have any questions, please contact Kathleen Ziegler ahtahighperformance@gmail.com

Registration for the Clinic will be \$220.



**ALBERTA HORSE TRIALS
ASSOCIATION
CLINIC APPLICATION FORM**

AHTA #

AEF #

Paid in Full

Stabling (Y/N)

Stabling Paid

CLINIC NAME AND DATE: JAMES ALLISTON CLINIC JULY 1/2, 2017

RIDER NAME: _____

ADDRESS: (COMPLETE) _____

PHONE: _____ E-MAIL: _____

AGE (IF UNDER 18): _____

AHTA # _____ AEF# _____

NAME OF HORSE: _____ AGE: _____ M G S

AHTA COMPETITION LEVEL: _____
(this is important in order to put together the riding groups)

STABLING REQUIRED: Yes No What DAYS: _____

INSIDE OUTSIDE

Do you work with a trainer/coach? IF YES: TRAINER/COACH NAME: _____

Are there any specific areas you wish to work on in this clinic? Problems? _____

Clinic Fee: \$220

Cheque payable to Alberta Horse Trials Association or etsf to
ahtapayments@gmail.com **Password is Alliston**

Stabling: \$60 for Indoors/\$30 for Outside for the duration of the Clinic
Also, please include a Deposit i/a/o \$30 on a separate cheque, payable to Alhambra
Stables. This will be destroyed once stall inspected for cleanliness upon your
departure. **Clinic Organizer is looking after arranging Stabling** so include any special
requests on your Registration Form

Date of this application: _____

REGISTRATION DEADLINE: June 20, 2017

*****NO REFUNDS OR CANCELLATION ONE WEEK prior to clinic unless the registrant can
supply a fill- in rider.**

Clinic Organizer: Kathleen Ziegler
Box 370
Beiseker, AB
T0M 0G0

email: ahtahighperformance@gmail.com

If you have any questions, do not hesitate to contact Kathleen via email!

You are welcome to scan and email documentation if you wish to etsf payment for
Clinic (Stabling cheques can then be collected at Clinic). Otherwise, drop
everything in the mail.



**WAIVER AND ACKNOWLEDGMENT FORM
ALBERTA HORSE TRIALS ASSOCIATION**

Name _____

Address _____

AHTA # _____ []

Pony Club/4-H # _____ [] plus an AHTA 4H/Pony Club form

AEF # _____

EVERY PARTICIPANT IN THE AHTA CLINICS SHALL CAREFULLY READ THIS NOTICE BEFORE SIGNING; NO PARTICIPANT WILL BE ALLOWED TO PARTICIPATE PRIOR TO SIGNING THIS FORM AS REQUIRED.

“Inherent risks of equine activities” shall mean those dangers or conditions which are an integral part of equine activities, including, but not limited to:

- i) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity;
- ii) the unpredictability of an equine’s reactions to such things as sounds, sudden movement and unfamiliar objects, persons or other animals;
- iii) the equine’s response to certain hazards such as surface and subsurface objects;
- iv) collisions with other equines, animals, people and objects;
- v) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability.

Neither the Alberta Equestrian Federation Society, Canadian Equestrian Federation, Alberta Horse Trials Association, Horse Trials Canada, the organizing committee of the show, officials, volunteers, staff nor agents shall in any way be liable for any accident, injury, damage, loss or for any other matter that may happen to exhibitors, competitors, owners, agents or to anyone on the grounds or to any animal or article brought to the grounds. It is to be understood and agreed that by making an entry to AHTA clinic/clinics all exhibitors, competitors, owners, agents and representatives acknowledge that equestrian sports involve inherent risk and do hereby indemnify and hold harmless the Alberta Equestrian Federation, Canadian Equestrian Federation, Alberta Horse Trials Association, Horse Trials Canada, and the owners, directors, officers, members, employees, agents and volunteers thereof from and against any and all loss, costs or expenses, or any claim thereof of whatever nature arising or to arise for and on account, or by reason of participation.

Signed this _____ day of _____, 20____

Rider _____ Owner _____

Parent _____
(Parent or guardian to sign for child under 18 years of age)

This waiver and acknowledgment shall remain in effect for the duration of the 20____ AHTA clinic season, and until all horses and property of the signee has been removed from the clinic facilities.