

MHCO Advanced Driving Clinic held @ Quardream Equestrian Centre Mount Forest, Ontario Sunday, August 20, 2017

Name	Age (if under 18)
Address	Phone #
	Email
MHCO	bers
Horse's Name	Owned by
	Yes \square No If not, who owns the horse?
Please tell us about the horse. (Size, 2	Age, Discipline(s) trained, driving experience):
2) Do you own harness and/or vehicle? (NOTE: for this clinic, each horse must If "Yes", please give us a brief descrip	
3) Have you ever driven in a show ring If "No", have you ever driven □ Yes	class before? ☐ Yes ☐ No ☐ No Please give a brief outline of your driving experience.
4) What are your objectives for your ho	orse? What would you like to learn from this clinic?
MHCO Indemnification and your payme by E-Transfers to treasurer@mhco.ca	ation: One questionnaire per person/horse along with the signed ent to address below - DUE: postmarked by July 1, 2017 . Payments OR make cheques payable to MHCO and send to: MHCO O Carolyn Aarun, MHCO Director

c/o Carolyn Aarup, MHCO Director RR#1, Box#2, Hwy #26, Fire #205822, Meaford, Ontario N4L 1W5

If you have any questions, please contact Carolyn at 519-538-3114 or mhco@mhco.ca
Upon receipt of payment, an email will be sent confirming your space in the clinic. Spaces filled on first come, first serve basis - Note: MHCO Members given first priority over Non Members

CLINIC FEES (MHCO member/nonmember):

\$25 per person (no horse)MHCO/\$75 nonmember \$75 per horse & human MHCO/\$125 nonmember ~Page 1 of 2~

FOR OFFICE USE ONLY: Pa	id\$
Paid by: ☐ Cheque#	_ 🗆 Cash
☐ E Transfer Date:	



MINIATURE HORSE CLUB OF ONTARIO Event – 2017 Advanced Driving Clinic INDEMNIFICATION AGREEMENT

Junior and youth participants must prove consent of parent or legal guardian.

The Miniature Horse Club of Ontario, its executive, volunteers, and owners and staff of any chosen venue will not be responsible for any accident, or damage that may occur, or be caused by, any owner / exhibitor or their equine(s) while on event property, nor will they be responsible for any article lost, stolen or destroyed.

Each owner / exhibitor shall be responsible for the equines under their custody or control and shall indemnify and hold harmless MHCO and aforesaid staff and venue against all claims and expense of every kind arising from accident, injury or damages caused by themselves or their animals.

Presentation of this signed form shall b	e deemed acceptance of the above and failure to sign this
form will disqualify member from parti	cipating in any club event.
I/We,	(please print) hereby
declare that I/we have a current insura	nce policy of a minimum of \$2,000,000. (Two Million
Dollars) that covers any liability I might	incur at club activities for the current year.
The insurance is with	
I/We,	hereby guarantee
that all of my/our horses attending MH	hereby guarantee ICO events are current on their rabies vaccination.
Proof of insurance and rabies vaccination	on may be required, thus must be available at all events.
Signatures:	
Owner:	Date:
Exhibitor:	Date:
Parent / Guardian:	Date:
Name of Lunior/Vouth	

***The MHCO strongly recommends that anyone, regardless of age or ability, wear an approved equine riding helmet while either riding or driving in a horse-drawn vehicle ***