



# RMSJ Winter Training Series I- Hunter

## February 1 - 3, 2008

### Calgary, Alberta

**Mail To:** RMSJ WTS I - Hunter  
Suite 231  
132-250 Shawville Blvd SE  
Calgary, AB T2Y 2Z7

Entries Close: **Monday January 21, 2008**

Rider of Horse	Telephone #	Email
Address	City	Postal Code
Name of Horse	DEVELOPING RIDERS TOUR POINTS circle one YES                      NO	
AEF# (required)	ASJA #	circle one JUNIOR / AMATEUR / PROFESSIONAL
Trainer	Stable Name	
Class Numbers		
Class Fee or Divisions Fee		

**This Document will affect your legal rights and liabilities, Please Read Carefully**  
Rocky Mtn Show Jumping, Anderson Ranch, Caroline Jones, nor the owners, management, tournament committee, nor any of its staff or 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, or members of their families, or their agents or to anyone on the grounds, or for any other loss, claim, matter, circumstances or event whatever, in connection with or arising out of, or attributable to, the tournament or any journey to or from the tournament. It is understood that under no circumstances shall Rocky Mtn Show Jumping, Anderson Ranch, Caroline Jones, nor the owners, management, tournament committee, nor any of its staff or agents be liable for any loss, damages, claims or costs as a result of Rocky Mtn Show Jumping, Anderson Ranch, Caroline Jones, nor the owners, management, tournament committee, nor any of its staff or agents, negligence, and that you agree to indemnify and save harmless Rocky Mtn Show Jumping, Anderson Ranch, Caroline Jones, nor the owners, management, tournament committee, nor any of its staff or agents from and against any and all liability arising out of any such loss, damages, claims or costs.

**Signature of Rider** \_\_\_\_\_

**Date** \_\_\_\_\_ if rider is under eighteen years, the parent / guardian must also sign below.

I acknowledge as Parent / Guardian of \_\_\_\_\_ that I have read and fully understood and agree to the terms and conditions stated herein of \_\_\_\_\_ and myself.

Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Entry will not be accepted without Parent or LEGAL Guardian signaure.**

**CREDIT CARD#** \_\_\_\_\_ **ex.** \_\_\_\_\_

Total Entry Fees	\$
Post Entry Fee \$30.00 After Closing	\$
Office/Admin/ Paramedic Fee	<b>\$ 30.00</b>
Stabling (\$50 / day) Please Circle One Fir / Sat / Sun	\$
ASJA 3 Star Series Fee	<b>\$ 7.00</b>
Sub Total	\$
G.S.T 5%	\$
Deposit Fee (refundable)	<b>\$ 30.00</b>
<b>TOTAL FEES</b>	<b>\$</b>

For further information contact: RMSJ (403)256-8652

**Make Cheques payable to RMSJ  
Deposit Must be recieved with  
entry inorder to be accepted**