



WORKING EQUITATION ICEBREAKER

Moose Jaw, SK
Exhibition Grounds

JUNE 1-2, 2019



Sanctioned by WORKING EQUITATION
CANADA

Officials:

Judge/Clinician: Cari Schwartz, Oregon
Show Chair: DeeAnna Lyke
Show Secretary: Kristina Christopherson

Location:

Moose Jaw Exhibition Grounds
Thatcher Drive, Moose Jaw, SK

Event format:

Friday, May 31	Group clinic sessions
Saturday, June 1	Functionality (Dressage) for all levels.
Sunday, June 2	Ease of Handling for All levels
	Speed Phase all levels

Clinic info:

Each clinic participant will get a 2 hour group session with the judge. Groups will consist of no more than 4 people. Session will cover dressage principles, introduction to obstacles, and WECAN rules.

Competition Rules:

SAHA Classic is sanctioned by Working Equitation Canada (WECAN). The competition will use the Working Equitation Canada 2018 Rules. The rules and 2018 dressage tests (Functionality test) can be found on the WECAN website, www.workingequitationcanada.com

A horse/rider pair is considered an entry. A horse/rider entry may only compete in one Level per show. At "B" Rated shows, a horse may be ridden a maximum of twice with different riders and the riders must be in different Levels

Complete allowances for tack and attire are in the WECAN rules. Any tradition or discipline of tack is allowed within the confinement of the WECAN rules.

Any breed of horse or mule is allowed to compete. Horse age restrictions do apply. Horses must be at least 4 years of age as of January 1st in the competition year to compete in Level 1 – 3. A horse must be at least 5 years of age as of January 1st in the competition year to compete in Level 4 and 5. A horse must be at least 6 years of age as of January 1st in the competition year to compete in Level 6.

All riders are encouraged to be WECAN members but may choose to pay a one show non-member fee of \$25 for the weekend. Membership form can be found on the WECAN website, \$40 for Individual, \$20 for Youth and \$70 for Family. (<http://workingequitationcanada.com/membership/>)

Riders under 18 years of age must have permission to ride in the competition as indicated by a signature of their parent or guardian.

All horses are to be recorded with WECAN (free... really it's free). Form is available on the WECAN website under the Forms tab.(<http://workingequitationcanada.com/forms/>)

All Riders and horse Owners are required to have an SHF Membership or provincial affiliation club membership. Provide a copy with your entry.

All horses must wear their entry number while ridden anywhere on the show grounds.

All riders must wear an approved helmet while mounted anywhere on the event grounds. Riders wanting to wearing alternate headgear such as a cowboy hat must sign a waiver at the show office before doing so. Riders under 18 will not be exempt from wearing protective head gear.

Dressage test readers are allowed for Levels 1 to 3 ONLY. Please note that the show will not be providing readers for these levels. However, the show would be happy to have volunteers read for competitors.

Facility Rules:

Dogs must be under control and well behaved. Garbage cans will be provided. No Littering! Canteen will be open during the day. Additional rules will be posted at the show grounds.

Stabling:

Indoor stalls available onsite from Thursday May 31, till Sunday June 3. Cost is \$35 per night plus \$35 deposit. **DOES NOT INCLUDE SHAVINGS**. Stalls must be stripped clean at the end of the show before the deposit will be refunded.

If you want to be stabled with another person or group we will try to accommodate those requests. Please indicate this with your entry in the subject line "stable with". Horses are to only use stalls assigned to them.

Bring your own stable cleaning equipment.

Accommodations and food:

Multiple hotels are available in Moose Jaw, within 5 minutes of the show grounds. There is also a campground onsite.

Prizes Ribbons awarded for 1st to 3rd place in each Level.

Class List

LEVEL	FUNCTIONALITY SATURDAY	EASE OF HANDLING SUNDAY	SPEED SUNDAY
CHILDREN	X	X	N/A
LEVEL 1 – INTRODUCTORY	X	X	N/A
LEVEL 2 – NOVICE A	X	X	X
LEVEL 3 – NOVICE B	X	X	X
LEVEL 4 – INTERMEDIATE A	X	X	X
LEVEL 5 – INTERMEDIATE B	X	X	X

Children and Level 1 ride Functionality and EOH Phases only.

All entrants ride in the Open Division (no separation into JR/AA/O).

Entry information:

Entries are accepted in the order received. Number of entries accepted to be determined as entries are received. If a high percentage of Introductory Level 1 entries are received more spaces may open as there are only 2 phases for Introductory.

Early bird registration deadline is May 1. Entries received by May 1 will received \$50 off the clinic fee. Non-Early bird entry deadline is 12:00 am, (midnight) May 15, 2018. Late entries will be accepted after May 15 only if space permits with a late fee of \$20 per entry.

Payment Options:

- A. Cheque made payable to SASKATCHEWAN ARABIAN HORSE ASSOCIATION
Mailed to Kristina Christopherson
Box 241, Stoughton SK, SOG 4T0
- B. E-Transfer sent to Allison Rain, Show Chair
Email – connet@sasktel.net
Password: wecan **Please note on transfer, " WECan show/clinic, for [insert competitor name]"*

Entry Options:

- A. Online Entry at: <https://goo.gl/forms/3RWnmwUZyyQRK9TX2>
- B. Email below entry form to Kristina Christopherson, Show Secretary, at sahashowsecretary@gmail.com
- C. Mail below entry form to Kristina Christopherson, Show Secretary, at Box 241, Stoughton, SK SOG4T0

Cancellation Policy:

Cancellation prior to the closing date will have all fees refunded less a \$40 administration fee. After the closing date of May 15, class fees will not be refunded without a veterinarian letter. Stall fees are not refundable after the start of the show. Clinic fees are non-refundable unless the opening can be filled with another rider.

Checklist: For your entry to be considered complete, the following must be received by the Show Secretary by midnight, Wednesday May 15th, 2019 (or Early Bird Deadline, May 1):

- Entry form
- copies of 2019 SHF membership for Rider and horse Owner
- full payment
- liability form

If Liability Form has not been mailed it must be signed at the Show Office prior to unloading horses and receiving show entry number.

Any questions please contact:

General show questions: DeeAnna Lyke dee.lyke@yahoo.ca

Show entry questions: Kristina Christopherson sahashowsecretary@gmail.com

Stabling and facility questions: Gary Lewis gary.lewis@prairiesouth.ca

Volunteers are greatly appreciated and welcomed!

SAHA Working Equitation Icebreaker Show

REGISTRATION AND ENTRY FORM

Name of Horse: _____

Breed: _____

Date of Birth: _____ Sex (circle one) Mare Gelding Stallion

Horse Recording Number: _____

Rider: _____

SHF Number: _____ WECan Membership: _____

Email: _____

Address: _____

Phone Number: _____ Age (if under 18): _____

Owner: _____

SHF- Number: _____

Level (Circle one)

Children
Introductory

Novice A
Novice B

Intermediate A
Intermediate B

SHOW FEES

Clinic Fee (Before May 1)	\$100	-----	_____
Clinic Fee (After May 1)	\$150	-----	_____
Children / Introductory	\$100.00	-----	_____
Novice A-Intermediate B	\$150.00	-----	_____
WECan Non member fee	\$ 25.00	-----	_____
Stalls (per horse, per night)	\$ 35.00	-----	_____
Tack Stall (per night)	\$ 35.00	-----	_____
Back numbers (will be refunded)	\$ 2.00	-----	_____
Shavings(per bag)	\$ 10.00	-----	_____

TOTAL _____

Stable with: _____

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “ For Participants 18 or Older”

Please Print Clearly

Participant's Name: _____ Date of Birth: _____

Address: _____ City: _____ Prov: _____ Postal: _____

Every Person must Read and Understand this form before Participating in Equine Activities

TO: the Show Committee, WESASK, Working Equitation Canada and the Moose Jaw Exhibition their directors, employees, officers, Grounds (Name of Person, Organization or Company providing the Equine Activities) volunteers, business operators, and site property owners. (all of them collectively called the HOST)

Initial each item below After Reading and Understanding the item

- ____ 1. **I Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “**RISKS**” are a common occurrence.
- ____ 2. **I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
 - The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
 - The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- ____ 3. **I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities.
- ____ 4. **I Acknowledge** that it remains my **Sole Responsibility** to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits.
- ____ 5. **In addition to consideration given for my Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**
- **To Waive All Claims** that I might have against the “**HOST**”; and
 - **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I or my “Legal Representatives” might suffer as a result of my Participation due to any cause whatsoever **including any NEGLIGENCE ON THE PART OF THE “HOST”**; and
 - **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form, waives certain legal rights I or my “Legal Representatives” might have against the “HOST”.

SIGNED This _____ day of _____ 20 _____

(Print Name of HOST Witness to signing & Initialing)

(Signature of Participant)

(Signature of HOST Witness)

Do Not Sign until you Understand All Items Above

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “For Participants Under 18 Years Old”

Please Print Clearly

Infant Participant's Name: _____ Date of Birth: _____

Infant's Address: _____ City: _____ Prov: _____ Postal: _____

Guardian's Name: _____ Date of Birth: _____

Guardian's Address: _____ City: _____ Prov: _____ Postal: _____

The Guardian must Read and Understand prior to the Infant Participating in Equine Activities

TO: the Show Committee, WESASK, Working Equitation Canada and the Moose Jaw Exhibition Grounds _____ their directors, employees, officers, (Name of Person, Organization or Company providing the Equine Activities)

volunteers, business operators, and site property owners. (all of them collectively called the HOST)

Initial each item below After Reading and Understanding the item

- ____ 1. **I am the Parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with **the intent that this form be binding on myself and infant Participant for all legal purposes.**
- ____ 2. **I Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “**RISKS**” are a common occurrence.
- ____ 3. **I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
 - The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
 - The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
 - The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- ____ 4. **I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.
- ____ 5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.
- ____ 6. **In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**
 - **To Waive All Claims that I or the infant Participant might have against the “HOST”;** and
 - **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the infant Participant or our “Legal Representatives” might suffer as a result of the infant's Participation due to any cause **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
 - **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant's Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “Legal Representatives” might have against the “HOST”.

SIGNED This _____ day of _____ 20 _____

(Print Name of HOST Witness to signing & Initialing)

(Signature of Participant)

(Signature Host Witness)

(Signature of Parent/Guardian)

Do Not Sign until you Understand All Items Above