

COCHRANE HUNTER HORSE SHOWS



**SPECIAL  
THANKSGIVING  
HUNTER/JUMPER  
SCHOOLING  
SHOW**



Part of the **AEF PROVINCIAL WILD ROSE COMPETITIONS**

**OCTOBER 10, 2020**

**COCHRANE & DISTRICT AGRICULTURAL SOCIETY'S PARK**

6 divisions with Fences from 18" up to 2'9"  
*CHAMPION & RESERVE CHAMPION AWARDS IN ALL DIVISIONS*  
*PRIZES for all 1st places*

Schooling Rounds on Fridays Oct 9, starting at 4 pm - \$10 per round

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**PLEASE NOTE:** Due to COVID we will not be accepting ANY post entries. Everyone must pre-enter by Monday, October 5<sup>th</sup> by 5:00 pm even for the schooling rounds. This will allow us to schedule your riding times and be able to post a schedule prior to the event.

We ask that you arrive no more than 1 hour prior to your riding time and leave immediately after so that we can control the numbers in the arena at one time.

We will be following all AHS regulations with respect to indoor events. The maximum number inside is limited to **50** people so a maximum of one person may accompany each rider besides their coach. **NO SPECTATORS WILL BE ALLOWED.**

All competitors must be AEF members and must provide their AEF number on the entry form. For AEF details (including rule book) go to: [www.albertaequestrian.com](http://www.albertaequestrian.com)

**Judge - Lorne Robertson**

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To download information and entry forms go to  
[www.cochraneagsociety.com](http://www.cochraneagsociety.com)

# COCHRANE HUNTER HORSE SHOWS GENERAL RULES AND REGULATIONS

**IMPORTANT: All shows follow the AEF Rules and Alberta Health Services Guidelines**

**For AEF details (including rule book) go to: [www.albertaequestrian.com](http://www.albertaequestrian.com)**

1. Entry deadline – October 5<sup>th</sup>, 5:00 PM.
2. Etransfers can be sent to [cochraneagsociety@gmail.com](mailto:cochraneagsociety@gmail.com). **Be sure to provide correct password.**
3. CANCELLATION OF ENTRIES: Exhibitors cancelling entries after receipt by the show office shall forfeit their entries, except where a certificate of disability of their horse from a qualified veterinarian is presented to the show office prior to the start of classes or a Doctor's notification of the rider's illness/injury.
4. PROTESTS: The Cochrane Horse Show Committee reserves the right to refuse any entry. The Show Committee reserves the right to remove any person from the grounds whose behavior or actions are seen to be inappropriate or unsafe.
5. CROSS ENTRIES: Cross entries will only be allowed for two (2) consecutive divisions for the same Horse/Rider combination. (Eg. Division 1 & 2 are okay, but not 1 & 3)
6. The show committee recommends you do not bring dogs into the Show Arena however if you do, they must be on a leash or you will be asked to remove your dog.
7. SMOKING: No smoking in any building.
8. PROTECTIVE HEADGEAR: While mounted on competition grounds, all competitors must wear properly fitted, approved, headgear with the safety harness correctly secured at all times. Approved headgear must meet the ASTM standard and display the SEI seal. The British standard, BSI, is also acceptable.
9. NUMBERS: One number will be assigned to each Horse/Rider combination. Correct numbers must be worn on riders backs and be clearly visible at all times when in competition. Number fees are refunded when number is returned to the Show Office.
10. All entrants (& entrant's guardian if competitor is under 18 yrs. of age) must sign a CDAS & COVID waiver prior to mounting a horse on show grounds. Waiver must accompany entry form.
11. No lunging allowed inside the arena.
12. No feeding of horses inside the arena.
13. Stabling – we do not have any heated stabling. However we have lots of stalls with no heat.

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## THANK YOU TO ALL OF OUR FABULOUS SPONSORS



## ***SPECIAL GUIDELINES FOR COMPETITION DURING PANDEMIC***

- 1. PLEASE NOTE: Due to our limited indoor arena space, if the weather is not conducive to riding outdoors for warm-up, the event will be CANCELLED AND ENTRY FEES REFUNDED.**
2. All entries and e-transfer payments will be accepted at email address: [cochraneagsociety@gmail.com](mailto:cochraneagsociety@gmail.com). Sorry, we DO NOT accept credit card payments
3. Entries close on Oct 5 at 5:00 pm. Draw order will be posted on website at [www.cochraneagsociety.com](http://www.cochraneagsociety.com). Draw order will be strictly adhered to in order to ensure that no more than 50 people are in the arena at one time. We ask you to please enter the arena just prior to your ride time and leave immediately following your ride.
4. Since we are limited to 50 people indoors we ask that you please limit support personnel to coach and one parent. **ABSOLUTELY NO SPECTATORS**
5. Entrance and exit will be controlled.
6. Everyone must sign COVID-19 waiver
7. Maintain 2 meters distance from others.
8. Cleaning staff will be on hand to sanitize and disinfected public areas.
9. Hand Sanitizer will be available throughout the arena.
10. Face masks will not be enforced however everyone is encouraged to wear one. Any competitor who choose4s to wear PPE while on site and/or in the show ring will not be penalized.
11. There will be no award presentations however awards will be mailed out so be sure that your correct mailing address is on entry form
12. A COVID-19 Compliance Officer will be appointed and identified. This person will be responsible for ensuring the guidelines are being followed & adhered to.
13. Please realize that everyone is participating at your own risk. Everyone is liable and must take personal responsibility for the safety of others and themselves.
14. The competition organizers have the authority to remove any person who does not comply with the regulations of this competition or those of the Government of Alberta when concerning COVID-19

## **COCHRANE 2020 THANKSGIVING SCHOOLING SHOW**

Located west of Cochrane on Highway 1A – FIRST RIGHT HAND TURN WEST OF  
JUNCTION OF HWYS 22 & 1A.

8:00 a.m. start time (Arena and Park Gates open at 7:00 a.m. for Div. 1 & 2 warm up only)

- Cross entries will only be allowed for two (2) consecutive divisions for the same Horse/Rider combination. (Eg. Division 1 & 2 are okay, but not 1 & 3)
- Where entries exceed 8 riders, the classes will be split in half
- Prizes given to High Point and Reserve for each division - tie breaker will be the Equitation class

***Division Champion and Division Reserve Champion Awards.***

***Series Champion Awards – TAKING IN THE TWO SHOWS THAT WERE ON  
FEBRUARY 1<sup>st</sup> and MARCH 7<sup>th</sup> a series Champion Award will be given to a rider  
that placed the highest in their class in all 3 shows.***

### **SCHEDULE**

Show starts at 8:00 am

Warm-ups will be scheduled for every division.

Draw order will be done and everyone will be given a specific time slot in order that we may comply with Alberta Health Guidelines at all times.

#### **Division 1 BOLD BEGINNER — Fence to 18"**

1. Working Hunter over Fences
2. Handy Hunter over Fences
3. Hunt Seat Equitation over Fences
4. Hunter under Saddle

#### **Division 2 BEGINNER HUNTER – Fence to 2'**

5. Working Hunter over Fences
6. Handy Hunter over Fences
7. Hunt Seat Equitation over Fences
8. Match the Clock- Jumper Class
9. Hunter under Saddle

#### **Division 3 BEGINNER HUNTER — Fence to 2'3"**

10. Working Hunter over Fences
11. Handy Hunter over Fences
12. Hunt Seat Equitation over Fences
13. Match the Clock- Jumper Class
14. Hunter under Saddle

#### **Division 4 OPEN HUNTER — Fence to 2'6"**

- Working Hunter over Fences
15. Handy Hunter over Fences
  16. Hunt Seat Equitation over Fences
  17. Match the Clock- Jumper Class
  18. Hunter under Saddle

# COCHRANE HORSE SHOW ENTRY FORM – START TIME 8: 00 A.M.

In case of inclement weather, call 403-909-3250 for show status – Decision made by 8pm of night prior to show

Riders Name: \_\_\_\_\_ AEF Number \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Trainer/Stable: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Owner: \_\_\_\_\_

**THANKSGIVING HUNTER/JUMPER SCHOOLING SHOW - OCTOBER 10<sup>TH</sup>**  
**Schooling Runs – October 9<sup>th</sup>**

**ENTRY INFORMATION:**

Division: \_\_\_\_\_ Classes \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Division: \_\_\_\_\_ Classes \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Total # of Classes Entered \_\_\_\_\_ x \$25 per class \$ \_\_\_\_\_

Office fee + \$ 10.00

Paramedic Fee + \$ 20.00

\$5 Number Fee (refundable when returned) + \$ 5.00

**Horse Stalls: Only in big unheated barn - \$35.00** + \$ \_\_\_\_\_

**SCHOOLING ROUNDS ON FRIDAY OCTOBER 9<sup>TH</sup>.**

Total # of Schooling Rounds purchased \_\_\_\_\_ x \$10 per round + \$ \_\_\_\_\_

*Schooling Rounds: \$10 per round. All rounds must be pre-booked in order that you can receive specific riding time. **NO POST ENTRIES WILL BE ACCEPTED.***

*Schooling Rounds – 4pm – 9pm: (circle one of following dates & heights):*

Please indicate # of rounds requested for each time period:

4pm(18") \_\_\_\_\_ (2'0) \_\_\_\_\_ (2'3") \_\_\_\_\_ (2'6") \_\_\_\_\_

*Subtotal* \$ \_\_\_\_\_

*Final Total* \$ \_\_\_\_\_

Make cheques payable to: Cochrane and District Agricultural Society or CDAS  
 Mail to: Cochrane Ag Society, Hunter Show, Box 897, Cochrane, AB T4C 1A9  
 Etransfers also accepted – send to [cochraneagsociety@gmail.com](mailto:cochraneagsociety@gmail.com)



# COCHRANE & DISTRICT AGRICULTURAL SOCIETY RELEASE, WAIVER OF CLAIM & ASSUMPTION OF RISK

EVERY PARTICIPANT AT THE COCHRANE AG SOCIETY'S HORSE SHOW MUST CAREFULLY READ THIS NOTICE BEFORE SIGNING. NO PARTICIPANT WILL BE ALLOWED TO PARTICIPATE PRIOR TO SIGNING THIS FORM.

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

- a. 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;
- b. the unpredictability of an equine's reaction to such things as sounds, sudden movements, and unfamiliar objects, persons or other animals;
- c. the equine's response to certain hazards such as surface and subsurface objects;
- d. the potential of collisions with other equines, animals, people and objects;
- e. 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.

"Releasee and/or Releasees" shall mean the Cochrane and District Agricultural Society (CDAS), its user groups and affiliates, activity Organizing Committee(s), officials, volunteers, staff, and agents.

I release the Releasees from liability and waive as against the Releasees all recourses, loss or damages, including any consequential damage or loss, claims, causes of action of any kind whatsoever arising from my participation in the activity. I voluntarily accept the legal risk, thereby expressly giving up any right of action and the physical risk arising from all liability whether such liability arises in contract, by reason of NEGLIGENCE or by reason of breach of duty raised by statute, or in any other manner whatsoever.

I further acknowledge and agree that:

- a. the activity is dangerous, exposing participants to risks and hazards, some of which are inherent in the very nature of the reaction itself, others which result from NEGLIGENCE or FAULT on the part of the person involved in preparing and organizing or staging the activity;
- b. as a result of the aforesaid risks and hazards, I as a participant may suffer injury, even death, as well as property loss;
- c. some of the aforesaid risks and hazards are foreseeable, but others are not;
- d. I nevertheless freely and voluntarily assume all of the aforesaid risks and hazards and that accordingly, my use of the facilities while participating in the activity;
- e. I understand the Releasees assume no responsibility or liability whatsoever for my safety while I am participating in an activity;
- f. that I have carefully read the COMPLETE RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK, that I fully understand same and that I am freely and voluntarily executing same;
- g. I understand that by signing this RELEASE, I be will forever precluded from suing or otherwise claiming against any of the Releasees for any loss or damage connected with any property loss, personal loss, personal injury, or death I may sustain while participating in the activity;
- h. I understand the Releasees do not permit me to use the facilities now or in the future unless I sign the COMPLETE RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK and that this COMPLETE RELEASE, WAIVER OF RISK AND ASSUMPTION OF RISK applies to the activity whether occurring in the near or distant future and the terms of this agreement need not be brought to my attention each time I am a participant in the activity in order to be effective;
- i. this COMPLETE RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK is binding on me, my heirs, my executors, administrators, personal representatives and assigns;
- j. if I or any member of my family should incur an accident while on CDAS grounds I will complete an Incident Report (provided by CDAS) and submit to CDAS office.

\_\_\_\_\_  
Rider's Name – please PRINT

\_\_\_\_\_  
Rider's Signature (or Parent/Guardian Signature if under 18)

\_\_\_\_\_  
Age if under 18

\_\_\_\_\_  
Rider's Telephone Number

\_\_\_\_\_  
Rider's Email

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
Witness Signature



# COCHRANE & DISTRICT AGRICULTURAL SOCIETY

Box 897, Cochrane, Alberta, T4C 1A9

Ph: 403-932-3250 Cell:403-909-3250

Email: [cochraneagsociety@gmail.com](mailto:cochraneagsociety@gmail.com) [www.cochraneagsociety.com](http://www.cochraneagsociety.com)

## WAIVER DURING CURRENT HEALTH CRISIS

For the safety of everyone we ask you to complete this self-declaration form before attending activities at the Ag Society Park.

1	I understand the risk of coming in contact with other people during the COVID-19 global pandemic at the Ag Society Park and that I could become infected with COVID-19 while at the Ag Society Park.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	I agree and assume all risk and release and absolve the Cochrane & District Agricultural Society and its affiliated officials, volunteers, offices, directors, agents, representatives and employees and the owners and occupiers of the land upon which the activity is held, from all responsibility, liability or claims I may have arising from participating in an in person activity at the Ag Society Park during the COVID-19 pandemic	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	To your knowledge have you or anyone in your household had contact of any kind with someone diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Are you experiencing any cold or flu-like symptoms, including, but not limited to fever, cough, sore throat, respiratory illness, shortness of breath or difficulty breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you or anyone in your household travelled outside of Canada in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you or your child or anyone in your household had close unprotected contact (face-to-face contact within 2 meters) with someone who has travelled outside of Canada in the last 14 days, or someone who is ill or someone who is being investigated or confirmed to be a case of COVID-19? and who is ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	I understand that should such above mentioned circumstances arise I have a duty to my own club and to the Cochrane & District Agricultural Society to not join any in person activities at the Ag Society Park for a period of 14 days. Upon re-entry I will be required to complete a further self-declaration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	I have read, understood and will abide by the protocols sent out by the Cochrane & District Agricultural Society	<input type="checkbox"/> Yes <input type="checkbox"/> No

Print name \_\_\_\_\_ Signature \_\_\_\_\_  
(legal guardian name if members under 18)

Dependent's name \_\_\_\_\_ Date \_\_\_\_\_  
(if document is signed by legal guardian for members under 18)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_