

NFTRA Open Benefit Dressage Show 2026 Entry Form

Rider Name: _____ Rider HCBC#: _____

Did you include your HCBC photocopy with your entry form? _____

Are you a Rider in the NFTRA Program? _____

Address: _____ City _____ Postal Code: _____

E-mail: _____ Phone #: _____

Wheelchair Access Required? Yes No

____ Junior (Under 18 as of Jan. 1st, 2025) ____ Senior (18 years old + over as of Jan 1st, 2025)

Birthdate: ____ / ____ / ____

If Junior Rider- Name of Parent/Guardian/Emergency Contact: _____

Address: _____ City _____ Postal Code: _____

E-mail: _____ Phone #: _____

Horse Name: _____ Breed: _____ Color: _____

Horse Gender: _____ Horse Age: _____

Owner's Name: _____ Owner HCBC#: _____

Did you include the HCBC photocopy of the horse owner with your entry form?

Is this horse Boarded at the MREC or the NFTRA? _____

Is this horse a NFTRA program horse? _____

What is a fun fact about your horse? _____

How would you like to be introduced? _____

Special Requests? _____

| ADMINISTRATION USE ONLY: | ADMINISTRATION USE ONLY: STALLS |
|--------------------------|---------------------------------|
| Processed By _____ | Stabling _____ |
| Date _____ | Tack Stall _____ |
| Barn Manager Appr _____ | Walk-Haul In _____ |
| Total Amount _____ | Special Request _____ |
| Payment Method _____ | |

2026 NFTRA OPEN BENEFIT SHOW

WAIVER OF LIABILITY

ALL competitors must sign

As a condition of participation in the North Fraser Therapeutic Riding Association 2026 Open Benefit Show, as a competitor, spectator, or volunteer, and/or the use of the Maple Ridge Equi-Sport Centre facilities, or NFTRA facilities, I, _____ agree to assume all risks of personal injury, death, or property loss resulting from any cause whatsoever, including but not limited to the inherent risks of horseback riding, collision with natural or manmade objects, collision with other horses, or any negligence on the part of North Fraser Therapeutic Riding Association or its agents, Maple Ridge Equi-Sport Centre or its employees, and the show committee.

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| Please Print Full Name of Participant: | Date: |
| Signature of Rider/Participant over 18: | Witness: |
| Printed Name of Parent/Guardian for Youth: | Signature of Parent/Guardian for Youth: |