



CANADA CUP

dressage festival
MAPLE RIDGE EQUI-SPORT CENTER

JULY 25 - 27, 2025

EC GOLD/ BRONZE
SANCTIONED
COMPETITION

featuring



Pay to Play!

- Camping on Grounds
- The Ranch Pub and Grill

*Lots of Summer Fun
for the whole family !*

****QUALIFIER**** for 2025 EC
CANADIAN NATIONAL DRESSAGE
PARA DRESSAGE CHAMPIONSHIPS
September 26 - 28, 2025
Thunderbird Show Park



Riders Name:			Entry Number (Office Use)		
Address:					
City:			Province:		Postal Code:
Phone:		EC#	HCBC#		Date of Birth (youth)
Owners Name:					
Address:					
City:			Province:		Postal Code:
Phone:		Owner EC#	HCBC#		Owner Email:
Horse Name:			EC Horse ID #		
Breed:		Sire:	Dam:		Color:
Sex:	Breeder:			Height:	Year of Birth:
Class #	Description of Class	Youth / AA/ Open	Test Name and Number		Class Fee
FRIDAY					
		SATURDAY			
		SUNDAY			
ONE HORSE / RIDER PER ENTRY FORM.					
I authorize Entry and Stall Deposit charges to my Credit Card: Credit Card: Visa _____ MC _____ Card Number; _____ Expiry Date; ____/____ CVV _____ Signature _____ Stable with: (Stable or Group Name) _____ Freestyles: Technical Score for Qualification _____ % Show Name _____			Class Fees – Total Class Fees – listed above		\$
			Stabling # Stalls _____ @ \$200. per stall		\$
			Tack Stalls # Stalls _____ @ \$200.per stall		\$
			Administration Fee (per entry)		\$ 50.00
			HAUL IN Fees _____ @ \$140.00 per show		\$
			Preferred Stabling (optional) – \$100.00 INDOOR		\$
			Other Fees: Late Fee / other		\$
			Fees Subtotal \$ _____ x .05% = GST total		\$
			EC Medication Control Fee Gold \$8.00 Bronze \$ 4.00		\$
EC Dressage Levy: \$ 12.00 per horse		\$ 12.00			
Check applicable: EC Gold Division Entry _____		\$			
EC Bronze Entry _____					
Schooling & Pay for Play Entry _____					
***Rider Email Address _____					

Entry Agreement and Waiver of Liability

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND LIABILITIES
PLEASE READ CAREFULLY BEFORE SIGNING

_____, I, the exhibitor/competitor hereby agree having received a copy of the official prize list, that I hereby certify that all animals listed on the entry form are strictly in accordance with the rules and regulations in the EC Rule Book and Prize List. I hereby certify that every horse listed on this entry form has met the requirements of Article A519, Vaccinations. See Rules of Equestrian Canada Section A, General Regulations, Article A519.

_____ "I hereby certify that every horse, rider and/or driver is eligible as entered and agree for myself and my representatives to be bound by the Constitution and rules of Equestrian Canada at this competition. It is hereby recognized that all equestrian sports involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hold harmless EC, the competition, their officials, organizers, agents, employees, and their representatives. The person responsible agrees to the release of any information on the entry form to EC." (A802.4)

_____ "In the event that (Youth Name) _____ participates in an Equestrian Canada sanctioned competition where protective headgear is required for juniors, he/she will wear properly always fitted and fastened approved headgear while riding or at the event location. It is understood that juniors not meeting this requirement will not be allowed to compete at these competitions." (A802.6)

_____ In consideration of being allowed to participate in this event, I hereby assume all risks and release and hold harmless the Organizing Committee of Canada Cup Dressage Festival, Maple Ridge Equi-Sport Center, horses, employees, officials, and volunteers, and the owners of the land upon which the competition is held of all responsibilities, liabilities or claims of any nature and kind which I may have arising from participation in the event.

_____ I, the Person Responsible for entry hereby declare that in making this entry that I have read and fully understand and agree to the terms and conditions stated herein and that this agreement is binding upon my executors, heirs, and assigns.

Signature of Person Responsible: _____ Date: _____

Print Name Person Responsible: _____ EC # _____

Signature of Rider: _____ EC # _____

Print Name of Owner: _____ EC # _____

Coach Name (Print) _____ **EC #** _____

OR... "I, the Rider declare that I am self-coached at this EC competition." (Please check one); Yes _____

As Parent or Legal Guardian of (State Youth Name) _____ I acknowledge that I have read and fully understand the rules of the competition as stated in the prize list herein for the competition. I agree that I, as the Parent or Legal Guardian of the above-named Junior Competitor hereby understand and agree to the terms and conditions of this agreement and assume full responsibility and inherent all risk of injury for the conduct of the Junior rider listed as above. I have read the Competition Prize List and agree with the terms and conditions stated and accept the rules and regulations of Equestrian Canada by my signature below:

Signature Parent or Guardian: _____ Date _____

Rider Emergency Contact Name _____ Phone # _____

Certificate of Vaccinations

One form per horse to be completed by veterinarian and submitted to the Competition Office prior to receiving competition number.

Name of Horse (as entered in competition): _____

Name of Owner: _____

Date and Name of Most Recent Vaccinations

Date for EHV-1/4 (Rhinopneumonitis): _____ Name of vaccine: _____

Date for EIV (Influenza): _____ Name of vaccine: _____

OR

Date for Combination Flu/Rhino: _____ Name of vaccine: _____

Per Equestrian Canada Article 519A - Vaccinations: The horse named above has been enrolled in a regular and consistent program of vaccination against EHV-1/4 and EIV with the most recent booster being within six (6) months (+21 days grace period) but not 7 days prior to arrival of the competition start date.

Veterinarian (please print): _____

Veterinarian Signature: _____

Date Signed: _____

Person Responsible (18+ years of age): _____

The horse named above has not shown any symptoms of, or been treated for, EHV-1/4 and EIV within the past 28 days.

The horse named about has not been exposed to any horses that have shown any symptoms of or been treated for, EHV-1/4 and EIV within the past 28 days.

Horses not in compliance with this rule will be asked to leave event site at the discretion of competition management.

I, _____ (print name) agree with the above statements.

_____ (Signature) Date: _____

Please email to alibuchanan1@gmail.com

prior to arrival on Show Grounds.