



## Canadian Friesian Horse Association

Box 2032 Athabasca, AB., T9S 2B6  
Phone: 780 675 5927 Fax: 866 594 3120  
Email: [info@canadianfriesianhorse.ca](mailto:info@canadianfriesianhorse.ca)  
[www.canadianfriesianhorse.ca](http://www.canadianfriesianhorse.ca)

### Judging and Inspection Form

PRINT CLEARLY

Name:.....

Address:.....

City:.....Province.....

Postal Code:.....

Telephone: ( ) ..... Fax: ( ) .....

Breeders Name:.....

Breeders Address:.....

( ) Same as above

List the site name and date you are entering:.....

You are presenting your horse for inspection and registration as a:

Please Check: ( ) Friesian ( ) Arabo-Friesian ( ) Part Breed Friesian  
(25% or more)

Additional Info **only** for Friesian & Arabo-Friesian Horses:

You are presenting your horse to get registered as /in:

Breeding horses: ( ) studbook ( ) star ( ) model ( ) stallion for keuring

Non-breeding horses: ( ) gelding ( ) foal

Horse Name:.....

Registration number:.....

Sex  
(S/M/G):.....

Sire Name & Reg. #:.....

Dam Name & Reg. #:.....

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If the horse is not yet registered, please include a copy of the sires and dams pedigree.

Signature of horse owner: \_\_\_\_\_ Date \_\_\_\_\_

### Categories and Fees

<b>Judging Fees for CFHS members</b>		
Entry & Presentation fee for foals, mares and geldings		<b>\$200.00</b>
Entry & Presentation Fees for Stallion Keuring		<b>\$300.00</b>
<b>Judging Fees for non members</b>		
Entry & Presentation fee for foals, mares and geldings, stallions		<b>\$240.00</b>

Presentation fees are as indicated above, which includes the judge's travel. There may be additional fees for the judge's accommodations. This fee will be dependant on the number of entries per site and the cost will be split between participating horses.

### Instructions

- 1) Print and complete this form.
- 2) Mail this form along with your payment for appropriate fees to the CFHA address listed below.

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### Payment:

Make cheques payable to: Canadian Friesian Horse Association or pay by Pay Pal and mail, or fax or E-mail all appropriate forms/applications to:

Canadian Friesian Horse Association  
P.O. Box 2032, Athabasca,  
Alberta. Canada T9S 2B6

Tel: 780-675-5927 Fax: 866-594-3120  
Email: [info@canadianfriesianhorse.ca](mailto:info@canadianfriesianhorse.ca)  
Website: [www.canadianfriesianhorse.ca](http://www.canadianfriesianhorse.ca)

**THE FOLLOWING WIAVER MUST BE SIGNED TO COMPLETE THIS ENTRY**

**Canadian Friesian Horse Association (CFHA) Release, Assumption of Risk, Waiver and Indemnification**

**This document waives important legal rights, read it carefully before signing**

I AGREE in consideration for my participation in this CFHA Inspection/ Keuring/ Judging (hereinafter referred to as the Event) to the following:

I AGREE that I choose to participate voluntarily in this Event with my horse(s) as an owner, lessee, agent, rider, runner, trainer or as a parent or guardian of a minor voluntarily and with my permission participating and/or attending this event. I am fully aware and acknowledge that any event involving horses, and specifically this Event, involve inherent dangerous risks of accident, loss, both personal and property, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering and/ or death (herein after referred to as Harm).

I AGREE to release CFHA, the Event and the Host of the Said Event, from all claims for money damages or otherwise for any Harm to me, my ward, or my horse(s) and for any Harm caused by me, my ward or my horse(s) to others, even if the Harm resulted, directly or indirectly, from the negligence of CFHA, the Event or the Host.

I AGREE to expressly assume all risks of Harm to me, my ward or my horse(s), including Harm resulting from the negligence of CFHA, the Event or the Host.

I AGREE to indemnify (that is to pay any losses, damages, or costs incurred by) CFHA, the Event and/or the Host and to hold them harmless with respect to claims for Harm to me, my ward or my horse(s), and for claims made by others for any Harm caused by me, my ward or my horse(s) at the Event or while my horse(s) are stabled at the Host location.

If I am a parent or guardian of a minor participating or attending the Event, I consent to the minor's participations and/ or attendance and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Agreement on the minor's behalf.

I agree that CFHA, the Event and the Host as used above includes all of their officials, officers, directors, agents, volunteers and affiliated organizations involved in this Event.

I further REPRESENT that I have the requisite training, horsemanship skills and abilities to safely participate in the Event.

In requesting micro chipping and a DNA hair pull of my horse at this event by the veterinarian on site, I will hold CFHA and all associates to the event harmless in the result of any adverse reaction either physically or emotionally incurred by my horse due to the micro chipping or DNA hair pull process.

BY SIGNING BELOW, I AGREE to be bound by all the terms and conditions set forth above.

Owner/ Agent \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Handler \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_