



CHA Region 1 Conference Registration Form

Canyonview Equestrian Center & College – March 1-4, 2018

Name _____ Certified Instructor _____ Level _____ CI/ACI

Organization/Stable _____

Birth date ____ / ____ / ____ Male or Female _____ Spouse's Name (if attending) _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail Address _____

Name(s) of roommate(s) preferred _____

ON-SITE Conference Fees per person (check appropriate box(s)):

OVERNIGHT RATES (includes all meals & lodging)

- \$230: Presenter/Student Rate
- \$250: Member Rate
- \$260: Non-Member
- \$170: Commuter Rate (NO LODGING)

DAY RATES (does not include lodging)

- \$60: Thursday (Dinner)
- \$75: Friday (Breakfast, Lunch & Dinner)
- \$75: Saturday (Breakfast, Lunch & Dinner)
- \$65: Sunday (Breakfast & Lunch)

\$25.00 extra will be due for all registrations turned in after February 1st, 2017.

All registration fees need to be paid in full by February 19th to avoid \$10 late fee.

Please charge to my (circle one):				VISA	MasterCard	Discover
Check #: _____ (Checks are the preferred method of payment at Canyonview)						
Name on Card: _____				Card No: _____		
Expiration Date: _____			CVV Code: _____		Total Amount: _____	
Zip Code: _____		Signature _____			Date: _____	

Please mail back these two forms (CHA Registration form, and Canyonview Health Release/Hold Harmless Agreement form) with payment. Checks are preferred. Minimum of a \$50 non-refundable deposit is required.

Mailing Address: Canyonview Equestrian Center, Attn: Katelan Kamstra, P.O. Box 128, Silverton, OR 97381

For Questions about Registration: Katelan Kamstra – Phone: 971-239-1347 – Email: info@canyonview.us

Cancellation: Any cancellations after February 15th will receive half of registration fee refunded, not including non-refundable deposit of \$50.

Canyonview Health Release

Name: _____ Age: _____ Weight: _____ Height: _____

Current on Immunizations? Yes or No If no, religious/health exemption? Yes or No Is appendix removed? Yes or No

Is participant subject to Asthma: Yes or N Hay fever: Yes or No Diabetes: Yes or No Convulsions: Yes or No

Any dietary restrictions or allergic reactions to drugs, insects, plants, animals, foods, etc.? List any applicable: _____

Your health insurance company and policy number (if you have insurance): _____

Emergency Release Statement: In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician selected by Canyonview Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery, for myself. Signature: _____

Print Name: _____ Date: _____

Emergency Contact Information:

Primary Emergency Contact: _____

Home Phone: _____ Work/Cell Phone: _____

Second Emergency Contact: _____

Relationship: _____ Phone: _____

Canyonview Release and Hold Harmless Agreement for Equine Activities

The Participant signing below assumes the unavoidable risks inherent in all horse-related activities, including but not limited to, bodily injury and physical harm, to horse, rider and spectator.

In addition, the Participant is hereby provided notice that this facility allows breeding stallions, mares, geldings and young horses in its facility. The Participant signing below assumes the unavoidable risks inherent in the riding, handling and presence of such animals, including but not limited to bodily injury and physical harm to horse, rider and spectator.

In consideration, therefore the privilege of riding and or working around horses at Canyonview Equestrian Center and Camp located at 12730 Finlay Road NE, Silverton, Oregon, the Participant is required to wear an approved riding helmet and must have Participant's parents or guardian sign this agreement. If Participant is 18 years or older, and does not wish to wear an approved riding helmet, Participant must sign below to that effect.

Liability Statement

Oregon passed the Inherent Risk Bill (HB 2650) which pertains to equine activities; the law now states that those who choose to participate in equine activities assume an inherent risk. Horses just because of their size and temperament can cause injury without incurring a liability of the owner. That is a horse may step on someone's foot, or buck when stung by a bee and the owner is not liable. The primary responsibility of the owner is to provide a horse which matches the rider's ability, provide good tack and remove any hidden or dangerous obstacles from the riding area.

Signature of Participant: _____ Date: _____

Print Name of Participant: _____ Phone: _____

Signature of Parent or Guardian (if under 18): _____ Date: _____

Option for those over the age of 18 only

I fully understand that when working with, around, or riding horses there is an inherent risk involved, however I do not wish to wear an approved riding helmet while participating in the horse-related activities at Canyonview Equestrian Center and Camp. I have read and completely understand this release and Liability Statement of the Inherent Risk Bill (HB 2650).

Signature of Participant: _____ Date: _____