

Elk/Beaver Lake Equestrian Society Poker Ride and Trail Class Registration Form

Direct all questions to Jennie at parkridersunited5@gmail.com or 778.678.8349

Poker Ride - Sunday May 31, 2026

Registration if entering on the day opens at 9:00
Ride out at 10:45 - 11:15 am from the ring.

Trail Class

Open 9:30 am to 1:30 pm

Lunch and great prizes to follow.

**COMPLETE ALL FORMS INCLUDING MEMBERSHIP, IF APPLICABLE, AND EMAIL TO
parkridersunited5@gmail.com**

Rider's Name: _____ Horse's Name: _____

Emergency Contact Name: _____ Emergency Contact Cell #: _____

Horse Council Number*: _____

***Proof of membership must be provided on site**

EBLES Member? YES ____ NO ____

(If not a member download and complete the membership form <https://ebles.org/?page=membership>
Including the applicable Acknowledgement of Risk forms, instead of the ones with this form)

	FEES
EBLES Membership (Enter total amount from membership form) (required if not a member, please complete Membership Form)	\$ _____
Poker Ride (includes one hand and Lunch)	\$32.00
Extra Poker Hands \$20 x _____ (# OF HANDSh)	\$ _____
Trail Class \$25 X _____ (# of entries)	\$ _____
Extra Lunch \$12 x _____ (# OF LUNCHEs)	\$ _____
TOTAL	\$ _____

**SEND FORM and PAYMENT VIA E TRANSFER TO parkridersunited5@gmail.com
Or Pay in person if entering on day.**

Waiver attached (complete appropriate form)

_____ [19 and over acknowledgement of risk](#), or

_____ [Under 19 acknowledgement of risk](#)

WAIVER & COPYRIGHT RELEASE

For valuable consideration received, the undersigned hereby grants to the Elk/Beaver Lake Equestrian Society and its agents, affiliates, or authorized delegates, the irrevocable and unrestricted right to use and publish photographs, video or audio of me, or in which I may be included, for editorial trade, advertising, promotion, and any other purpose and manner and in any medium or manner; and to alter the same without restriction. I hereby release photographers and his or her legal representatives and assigns from all claims and liability relating to said photographs or videos.

Signature: _____ **Date:** _____

NOTE that if the participant is a under the age of majority, in the Province of British Columbia, the signature of a Parent or Guardian is required.

Parent/Guardian Signature: _____ **Date:** _____

Print Name of Parent/Guardian: _____