

DATE: _____ 20_____

RACETRACK: _____

I, _____ DO HEREBY ACCEPT
(Trainer accepting responsibility)
THE COMPLETE RESPONSIBILITY, IN COMPLIANCE WITH THE RULES OF RACING
OF THE *SASKATCHEWAN LIQUOR AND GAMING AUTHORITY*, OF ALL HORSES
ENTERED BY ME FOR THE ACCOUNT OF
TRAINER; _____ , DURING HIS/HER ABSENCE.
(Trainer to be absent)

This responsibility accepted as of the date _____ and
continues through to the date of _____ inclusively.

SIGNED: _____ (Trainer accepting responsibility)
(Print name and signed)

(Print name and signed) (Trainer to be absent)

SUBMIT APPLICATION

This form may be submitted by email to SLGA: HorseRacing@slga.gov.sk.ca