

EASTGATE SADDLE CLUB

2018 APPLICATION MEMBERSHIP & WAIVER

Membership #: _____ - _____
 Paid: Cash / Cheque
 Director initials: _____
 Comments: _____

Applicant's Name:		
Email:		
Mailing:		
City/Town:	Province:	Postal Code:
Home phone: ()	Cell phone: ()	

___ FAMILY*[\$30.00/year + Day entry fees]

*for the basis of participants being covered by Eastgate Saddle Club's insurance, the definition of "family" is a maximum 2 parents or guardians (18 years old or older) plus their children (17 years old or younger) living at the same address.

___ SINGLE [\$20.00/year + Day entry fees]

___ DAY [no membership fee + Day entry fees] DATE: _____

I (WE) are interested in Participating in:

___ Gymkhanas ___ Horse Shows ___ Trail Rides ___ Trail Challenges ___ Parades ___ Social Events ___ Meetings

PHOTOS: ___Yes ___No People will be taking photos during our events. Please check the appropriate box as to whether you grant or do not grant permission for your photo to be used in our public media.

Every person MUST read and understand this form before Participating in Equine Activities.

I (WE), _____ do hereby make application for membership in the EASTGATE SADDLE CLUB (hereinafter referred to as the "CLUB") for the year 20____. I (WE) am (are) aware of the rules and regulations of the CLUB and the responsibilities of membership and agree to comply with them.

NAMES	HORSE'S NAME	UNDER 18 YEARS OLD **		RIDING CATEGORY (Lead Line, Walk/Trot, Trot/Lope, 1-7 TinyMite, 8-12 PeeWee, 13-17 Junior, 18-38 Senior, 39+ JackBenny)
		mmm/dd/yyyy	Age as of Jan 1 of current riding season	

**Proof of age may be requested.

It is recommended that each Equine Owner/Rider obtain an Alberta Equine Association Membership and participate in their Insurance program through CAPRI INSURANCE SERVICES LTD.

There are benefits available that cover both rider and horse, such as Enhanced Personal Liability Coverage, Accident, Death and Dismemberment, Horse Mortality Insurance, Members Tack Insurance, Trailing Accidents, etc.

Visit www.capri.ca for more information.

Eastgate Saddle Club is PAC Points Approved by the APHA.

ASSUMPTION OF RISKS, RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE

PLEASE READ CAREFULLY!

INITIAL each item below After Reading and Understanding the item:

- _____ 1. I understand that there are inherent DANGERS, HAZARDS, and RISKS (collectively called RISKS) associated with equine activities and injuries resulting from these "RISKS" are common occurrences.
- _____ 2. I acknowledge that the inherent "RISKS" of equine activities means those DANGEROUS conditions which are an integral part of equine activities, including but not limited to:
- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.
 - The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
 - The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- _____ 3. I acknowledge that it is MANDATORY that all riders under the AGE of 18 to wear an APPROVED riding helmet for all events.
- _____ 4. I understand that the "CLUB" requests that all people who ride wear an approved riding helmet.
- _____ 5. I acknowledge that the "CLUB" requires that each Participant and Guest be covered by Alberta Health Care Insurance or equivalent Health Insurance.
- _____ 6. I freely accept and fully assume all responsibility for the inherent "RISKS" and possibility of personal injury, death, property damage or loss resulting from my participation in equine activities.
- _____ 7. I acknowledge that it remains my sole responsibility to act in such a manner as to be responsible for my own safety and my family's safety and to participate within my (our) own limits.

_____ 8. In addition to consideration given for my participation in equine activities, I and my heirs, executors, administrators and assigns (collectively called my "Legal Representatives") agree:

- To waive all claims that I might have against the "CLUB" and any others associated with the "CLUB" outside of or on Club grounds and
- To release the "CLUB" from any and all liability for any loss, damages, injury, or expense that I or my "Legal Representatives" might suffer as a result of my (our) participation due to any cause whatsoever, including any NEGLIGENCE ON THE PART OF THE "CLUB" and
- To HOLD HARMLESS AND INDEMNIFY THE "CLUB" from any and all liability for property damage or personal injury to third party which might result from me, my family members, my guests or my animals participation in equine activities.

_____ 9. I am aware that this documentation contains two (2) pages and I have read and completed both.

Before signing this form, I have read it (as indicated by my initials above) and stated that I understand it. I know that signing this form waives certain legal rights I or my "Legal Representatives" might have against the "CLUB."

Signed this _____ day of _____, 20_____.

DO NOT sign until you understand all the items above.

(Printed name of Applicant or Legal Guardian)

(Signature of Applicant or Legal Guardian)