



Eastern Ontario Horses of Course Club

Membership Form

Name: _____

(Name of Spouse): _____

Address: Street: _____

City: _____

Prov: _____ Postal Code: _____

Phone: _____

e-mail: _____

Please mail completed membership form and a cheque for \$20.00 (cheque payable to Eastern Ontario Horses of Course Club) for one family membership for the current calendar year to:

Pamela Sherrer, Treasurer
Eastern Ontario Horses of Course Club
2540 Development Rd.
Mountain, Ont.
K0E 1S0

EQUESTRIAN ACTIVITIES WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Eastern Ontario Horses of Course Club activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation, and,
3. I willingly agree to comply with the stated and customary terms and condition for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Eastern Ontario Horses of Course, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____

PARTICIPANT'S SIGNATURE

X _____

PARTICIPANT'S SIGNATURE

For participants of minority age (Under Age 18 at Time of Registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____
Name of Minor (1)

X _____
Name of Minor (2)

X _____
PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE NUMBER