

Dwyer Hill Riding Club 2019 Membership Application

Please print out application and bring with payment OR proof of e-payment to the first show

Make Cheque Payable to Dwyer Hill Riding Club
For e-transfers, email inquiries@dwyerhillridingclub.com

PLEASE CHECK ONE MEMBERSHIP LEVEL BELOW

<input type="checkbox"/> Single Membership \$30 (before 28 th Apr 2019)	<input type="checkbox"/> Family Membership \$50 (before 28 th Apr 2019)
<input type="checkbox"/> Single Membership \$40 (after 29 th Apr 2019)	<input type="checkbox"/> Family Membership \$60 (after 29 th Apr 2019)

CONTACT INFORMATION

Surname:		
Phone: ()	Email:	
Address:		
City:	Province:	Postal Code:
Stable Name:		

MEMBERSHIP NAMES (Birth date for youth members ONLY is requested)

Family Member #1	Birth Date:
Family Member #2	Birth Date:
Family Member #3	Birth Date:
Family Member #4	Birth Date:
Family Member #5	Birth Date:

CLUB INTERESTS

<input type="checkbox"/>	Club Points	<input type="checkbox"/>	Clinics (type _____)	<input type="checkbox"/>	Social BBQ
<input type="checkbox"/>	Love Horses	<input type="checkbox"/>	Trail Riding	<input type="checkbox"/>	Volunteer Work

I would like to receive the NEWSLETTER (Ensure your address is complete!)	<input type="checkbox"/>	Mail	<input type="checkbox"/>	Email	<input type="checkbox"/>	Website / FaceBook
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SIGNATURES

I, the undersigned, agree to abide by the rules and regulations of the constitution of the
Dwyer Hill Riding Club

Signature of Applicant:	Date:
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Signature of Parent/Guardian: (if applicant is 18 years of age and under)	Date:
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For DHRC Constitution, Events, Clinics, Activities and Contact Information
Visit our FaceBook or website: www.dwyerhillridingclub.com

Dwyer Hill Riding Club Risk and Waiver of Liability

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES

PLEASE READ CAREFULLY

I / We request permission to participate in all equestrian-related events / clinics / shows being organized by Dwyer Hill Riding Club (D.H.R.C.) for the year **2019**.

I / We fully understand that horseback riding, handling and grooming of horses and other equestrian activities are very dangerous.

I wish to participate in these activities knowing that they are dangerous.

I accept and assume all risks of injury (including death) to me or my property.

In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against D.H.R.C. or officials, servants, employees, representatives, officers and directors for any injury (including death), to me or any damage to my property, arising out of my participation in these dangerous horseback riding or related activities.

RIDER SIGNATURE

PRINT NAME

DATE

All Youth (18 years of age and under) MUST wear an Approved Head Gear

I also understand that while participating in this High Risk Sport, it is compulsory that my child wears a correct and proper headgear and footwear while mounted at all times at all D.H.R.C. events. NO EXCEPTIONS.

I accept and assume all risks of injury (including death) to my child or my property. I represent and warrant that I have authority to give this release.

In exchange for my CHILD / CHILDREN being permitted to participate in these activities, for my CHILD / CHILDREN, myself, my CHILD'S / CHILDREN'S heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against D.H.R.C., or its officials, servants, employees, representatives, officers and directors for any injury (including death), to me or any damage to my property, arising out of my participation in these dangerous horseback-related activities.

I acknowledge as parent / guardian that I have read and fully understand and agree to the term and conditions stated herein and that it is binding upon my executors, heirs and assigns.

PARENT'S/GUARDIAN'S SIGNATURE
OF LISTED YOUTH(S)

PRINT NAME