

Ottawa Valley Ultimate Horse 2017 Membership Application

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



Make Cheque Payable to Ottawa Valley Ultimate Horse
For e-transfers, email ottawavalleyultimatehorse@gmail.com

PLEASE CHECK ONE MEMBERSHIP LEVEL BELOW					
<input type="checkbox"/> Single Membership \$25					
CONTACT INFORMATION					
Full name:					
Phone: ()			Email:		
Address:					
City:		Province:		Postal Code:	
Horse Name:					
Insurance Company and Number:					
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 Notice of Events and Practice Dates (Ensure your email address is complete!)				<input type="checkbox"/>	Email
				<input type="checkbox"/>	Website / FaceBook
SIGNATURES					
I, the undersigned, agree to abide by the rules and regulations of the constitution of the Ottawa Valley Ultimate Horse					
Signature of Applicant:				Date:	
Signature of Parent/Guardian: (if applicant is 18 years of age and under)				Date:	

Ottawa Valley Ultimate Horse 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 Ottawa Valley Ultimate Horse for the year **2017**.

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 Ottawa Valley Ultimate Horse, 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 riding or related activities.

RIDER SIGNATURE

PRINT NAME

DATE

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

I also understand that while participating in this High Risk Sport, it is compulsory that my child wears a correct and properly fitted headgear and footwear while mounted at all times at all Ottawa Valley Ultimate Horse 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 Ottawa Valley Ultimate Horse, 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

PRINT NAME OF LISTED YOUTH(S)