



# 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  
1408 Pittston Rd.  
Spencerville, ON K0E1X0

**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