**WARREN HORSE CLUB**

**YEARLY MEMBERSHIP APPLICATION**

**FAMILY MEMBERSHIP: $35.OO**

Will consist of parents or guardians and their children 18 years and younger as of January 1st of

Current year.

**SINGLE MEMBERSHIP: $25.OO**

**Mail to WARREN HORSE CLUB**

**P.O Box 243 Warren Ont P0H 2N0**

**\*\*\*PLEASE PRINT\*\*\*NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMOUNT PAID: Family: Single:**

LIST ALL MEMBERS TO BE COVERED BY THIS MEMBERSHIP

A signature is required for all family members.

( a parent or guardian must sign for children under the age of 19)

**Name Date of Birth Signature of member Date Witness**

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**THIS AGREEMENT MUST BE COMPLETED IN FULL, SIGNED, DATED, AND**

**WITNESSED BEFORE ANY ACTIVITY WITH HORSES MAY BE UNDERTAKEN**

**CLUB POLICY:**

**ASSUMPTIONS 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 AND SIGN OTHER SIDE**

**TO: WARREN HORSE CLUB**

(referred to in this agreement as the “Provider”)

AND TO: ALL PROPERTY OWNERS ( PRIVATE, FEDERAL, PROVINCIAL, REGIONAL AND MUNICIPAL)

On my behalf, and on behalf of any minor children participating in these activities, for whom I am legally responsible, I agree to the

following:

**ASSUMPTION OF RISKS**

I am aware and understand that activities involving these horses involve many risks, dangers and hazards, including, hut not limited

to the following:

I. Horses, which are powerful and potentially dangerous animals. may change their behavior at any time and may, without

warning, jump. run wildly, buck, kick, bite, or step on people or things.

2. Horses may collide with other horses or objects or trip, stumble or fall even if being led, ridden, or attended to.

3. Negligence ( which means, in general term s, a failure to exercise ordinary or proper care) of other riders or my or my child\*s

own failure to ride safely, within my or my child\*s ability or within designated areas and trails.

4. Equipment may fail.

5. Weather conditions can change and can sometimes he dangerous.

6. The nature of the terrain can change and has certain risks associated with it including. but not limited to, exposed natural

objects, trees, streams and creeks,

7. The activities can sometimes be in remo te areas and injuries or illness may occur and it may be a considerable distance to

doctors, hospitals, or any other type of assistance.

8. Negligence on the part of a PROPERTY OWNER AND / OR THE PROVIDER OF THEIR STAFF. I am also aware that the

risks, dangers and hazards referred to above exist throughout the trail, stable, practice and other areas and many are unmarked.

I understand and acknowledge that no amount of caution, experience or instruction can eliminate all of the risks involved and I

freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, prop erty

damage and damages or loss resulting therefrom. **INITIALS**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS** AND **INDEMNITY AGREEMENT**

In consideration of the Provider providing me or my child with their horse or sleigh riding and other services and permitting my or my

child\*s user of their equipment, and other facilities and the Property Owners providing me or my child with the use of their property (

hereinafter collectively referred to as “THE Services”), I hereby agree as follows:

I. TO WAIVE ANY AND) ALL CLAIMS that I or my child have or may in the future have against a Property Owner or the Provider,

and their directors, officers, employees, agents, representatives, and volunteers ( all of whom are hereinafter collectively referred to as ‘THE RELEASES”) and TO RELEASE THE RELEASES from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my or my child\*s, next of kin may suffer as a result of my or my child\*s use of the services or due to any cause whatsoever. INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE INCLUDING ANY DUTY OF CARE OWNED UNDER THE “OCCUPIERS LIABILITY ACT” ON THE PART OF THE RELEASES.

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASES from any and all liability for any damage to the property of or

personal injury to any third party resulting from my or my child\*s use of the services.

3. This Agreement shall be effective and binding upon my or my child\*s death or incapacity.

4. This agreement shall be governed by and interpreted in accordance with the laws of the province of **ONTARIO**: and

5. Any litigation involving the parties this Agreement shall be brought within the Province of **ONTARIO**

In entering into this Agreement. 1 am not relying upon any oral or written representation or statements made by the Releases other than

what is set forth in this Agreement.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS**

**AGREEMENT, FROM THIS DAY FORWARD, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY *CHILD.***

**MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND/OR REPRESENTATIVES MAY**

**HAVE AGAINST THE RELEASES.**

Signed this \_\_\_\_\_ \_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - , **20\_\_\_\_\_\_\_\_\_**