

## **Annual Membership Application**

Sign and print your name

Please complete this form and	provide it to an executive member w	vith you	ır payment.
Name:			
Address:			
City:	Province:		Postal Code:
Email Address:			
Telephone:	Alternativ	e:	
Insurance Company and Poli	cy #:		
Membership Fees: Single \$2	<b>0</b> , Family <b>\$40</b> , Day Pass <b>\$15</b>		
For Family Memberships, ple	ase fill out information for ALL parti	icipants	S.
Participant Name:	A <sub>!</sub>	ge:	Date of Birth:
Participant Name:	A	ge:	Date of Birth:
Participant Name:	A	ge:	Date of Birth:
act with integrity and will cond the treatment of horses and of I recognize that and for horses is prohibited as determ are grounds for disciplinary a parental control are requested	duct themselves in an orderly, respor ther participants. orm of misconduct such as illegal, in ined by experienced Event Organiser	nsible, a ndecent rs or Clu vent. In	
Sign and print your name			Date
Applicant(s), I shall indemnify Committee Members from and	and hold harmless the Rusty Gaits S	Saddle ( suits, ar	or as the Parent/ Guardian of the above Club, their Members, and/ or Executive nd proceedings by any third parties that his club.
Sign and print your name			Date
activities unless otherwise not or older) to be always on hand	ed on this application. I also agree to	design proper	allow my child(ren) to participate in all nate someone of guardian age (18 years ty and equipment in my absence. That ment.

Date