

COWICHAN DISTRICT RIDING CLUB
2021 MEMBERSHIP FORM

****PLEASE PRINT LEGIBALY****

NAME: _____

MAILING ADDRESS: _____

_____ postal code: _____

E-MAIL ADDRESS: _____

Telephone: _____ Fax: _____

HCBC number (obligatory): _____

MEMBERSHIP FEES: \$15.00 single membership
 \$25.00 family membership

For each family member: provide HCBC number, birth date for juniors (under 19) and sign waiver.

AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY

I fully understand that horseback riding, driving, handling and grooming of horses and other stable activities are very dangerous.

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

I accept and assume all the risks of injury (including death) to me or to 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 the Cowichan District Riding Club or their owners, officers, directors, members, volunteers, employees, or guests, or any land owners, land holders or other persons making property available to the Cowichan District Riding Club, for any injury (including death), to me or any damage to my property, whether from anyone's negligence or not, or any other cause, arising out of my participation in these dangerous horse riding, horse driving or related activities.

I also agree that if anyone makes any claims because of any injury to me (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs because of those claims.

Signature: _____ Date: _____

Print name: _____

Signature of parent or guardian if member under 18: _____

Print name: _____

Please send form and cheque (payable to CDRC) to
Lynn Wang 4318 Pollock Rd Duncan V9L 6H1. Email: soxayla@gmail.com