



# 2019 Kelowna Riding Club Membership Application Form

Office Use Only	
Date Received:	_____
Membership #:	_____
HCBC # UTD:	_____
Member Cheque #:	_____
Volunteer Cheque #:	_____

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Your Current Coach/Trainer?** \_\_\_\_\_

I would prefer to receive Kelowna Riding Club Notices and newsletters by:  E-Mail or  Mail

**Returning Member:**  **New Member:**  **If New Member – Referred By:** \_\_\_\_\_

Horse Council BC or other PTSO Membership # **(mandatory for all riding members):** \_\_\_\_\_

I live within 50 km of 3745 Gordon Dr, Kelowna, BC as determined by Google maps and/or

I live more than 50 km from 3745 Gordon Dr, as determined by Google maps and qualify for **“out of town”** membership.

**Please Check One Type of Membership:**

**Senior Rider** (18 Years and older as of Jan, 1 2019)

**Young Rider** (17 Years and younger) **DOB of Young Rider (DD/MM/YYYY)** \_\_\_\_\_

**Family** (One or Two seniors PLUS one or more young riders of the same residence)

**Out of Town** (any member who lives more then 50 km from Club)

**Drop In Fee** (Per horse/rider combo)

**\*\*List any additional family memberships Name, Date of Birth and HCBC membership Number\*\*:**

_____	DOB (DD/MM/YYYY) _____	HCBC #: _____
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_____	DOB (DD/MM/YYYY) _____	HCBC #: _____
_____	DOB (DD/MM/YYYY) _____	HCBC #: _____

Member's benefits include use of the facilities, reduced clinic, stabling & facility rental rates!

Membership Types	2019 Fees GST Included			+ Volunteer Fees	
	Before Mar 15 <sup>th</sup>	After Mar 15 <sup>th</sup>	After Aug 31 <sup>st</sup>	Before Aug 31 <sup>st</sup>	After Aug 31 <sup>st</sup>
<b>Senior Rider</b>	\$144.90	\$175.35	\$102.90	\$150	\$100
<b>Young Rider</b>	\$109.20	\$133.35	\$85.05	\$150	\$100
<b>Family</b>	\$265.65	\$313.95	\$193.20	\$225	\$175
<b>Out of Town Senior</b>		\$96.60		N/A	N/A
<b>Out of Town Young</b>		\$72.45		N/A	N/A
<b>Out of Town Family</b>		\$175.35		N/A	N/A
<b>Drop In Fee</b>		\$25.00		N/A	N/A

# VOLUNTEER HOURS

The Kelowna Riding Club is an organization dependent upon funds raised by various activities, such as horse shows, Clinics, Schooling days and camps etc. We need the funds generated by these activities in order to maintain and improve the facilities and equipment. It is each Kelowna Riding Club member's responsibility to complete 6 hours of volunteer time annually. The volunteer post dated cheque is due upon registration, at the end of the year the volunteer hours will be reconciled and for those who have **NOT** completed their volunteer hours cheques will be cashed.

**Please Note:** Although the Kelowna Riding Club does its best to inform members of activities where volunteers are needed, it is the responsibility of the member to contact the volunteer coordinator to arrange volunteer hour completion. [krcvolunteer@gmail.com](mailto:krcvolunteer@gmail.com)

**Please select one of the following:**

1.  I wish to fulfill my volunteer requirements and
- ❖ I have provided a second "volunteer hours" cheque that is postdated to November 15<sup>th</sup> 2018 as an assurance that I will fulfill my commitment. If for any reason I do not provide, and have documented, all of the 6 required hours, I hereby authorize you to cash this cheque.

**SIGNATURE REQUIRED:** \_\_\_\_\_

2.  I do **NOT** wish to contribute volunteer hours and
- ❖ I have dated my "volunteer hours" cheque for the current date and authorize the Kelowna Riding Club to cash it.

**SIGNATURE REQUIRED:** \_\_\_\_\_

Once you sign up for a volunteer duty, the event organizer will be depending on you to be there. All of our Directors and Event Organizers are KRC member volunteers. If you are unable to fulfill your commitment, please recruit a reliable friend as a substitute. If you do not give a reasonable notice and fail to arrive or complete your designated task, your post-dated cheque will be cashed.

**\*\*Volunteer records will be kept with the Volunteer coordinator.\*\***

**Please indicate areas in which you would be willing to volunteer:**

Leadership Roles: (Organizing, Managing)	Supportive Roles: (work crews, Running around)
<input type="checkbox"/> Show Committee	<input type="checkbox"/> Spring Hunter/Jumper
<input type="checkbox"/> Board Member	<input type="checkbox"/> Show Support: on-site assistance during event
<input type="checkbox"/> Fundraising / Sponsorship	<input type="checkbox"/> Spring Clean-Up: Grounds/Leaf Clean-Up/Painting
<input type="checkbox"/> Spring Hunter/Jumper Show Committee	<input type="checkbox"/> Fall Clean-Up-: Grounds/Leaf Clean-Up
<input type="checkbox"/> Sub-Committee	<input type="checkbox"/> Clubhouse Cleaning Crew
<input type="checkbox"/> Other: _____	<input type="checkbox"/> KRC Clinic Crew
	<input type="checkbox"/> Carpentry
	<input type="checkbox"/> Other: _____

Do you have a skill, a trade, a talent, knowledge, experience, good ideas, access to equipment or access to expertise that would be an asset to the Kelowna Riding Club? **Please tell us about it:**

Any and all of these things contribute to the health and growth of our Club and can count towards your volunteer hours.

What Activities would you like to see at the KRC? \_\_\_\_\_

## WAIVERS

Print and enclose an initialed and signed copy of the appropriate type of waiver (Senior or Junior).

**A completed waiver is MANDATORY for all members.**

## MAIL-IN CHECKLIST

- ✓ Completed 2-Page Membership application form
- ✓ One Cheque for Membership fee and any donation\*
- ✓ **Second cheque for volunteer fee Post-Dated Nov. 15<sup>th</sup>, 2019**
- ✓ Current Year's HCBC Number
- ✓ Signed and Witnessed **Waiver** form – one for each rider
- ✓ **Incomplete applications will not be processed until all correct forms and payment is received. Drop-in riding fees of \$25.00 will apply during this time.**
- ❖ All cheques to be made out to The Kelowna Riding Club

\*\*A service fee of \$35.00 will be charged on **ALL** NSF cheques\*\*

**Mail forms and Payment to:** Kelowna Riding Club, 3745 Gordon Drive, Kelowna, BC V1W 4M8

## E-MAIL CHECKLIST

- ✓ Completed 2-Page Membership application form
- ✓ Credit Card Information with any donations\*
- ✓ **Cheque for volunteer fee Post-Dated Nov. 15<sup>th</sup>, 2019**
- ✓ Current Year's HCBC Number
- ✓ Signed and Witnessed **Waiver** form – one for each rider
- ✓ **Incomplete applications will not be processed until all correct forms and payment is received. Drop-in riding fees of \$25.00 will apply during this time.**

## PAYMENT ENCLOSED

**Cheque** (Payable to Kelowna Riding Club)     **Visa**     **MasterCard**     **E-transfer**

Fee Amount:    \$ \_\_\_\_\_ Volunteer Fee    \$ \_\_\_\_\_ Total to Process    \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: (MM/YY) \_\_\_\_\_ CSV: \_\_\_\_\_

Cardholder Signature: (required): \_\_\_\_\_

**E-Mail forms and Payment to:** [kelownaridingclubtreasurer@gmail.com](mailto:kelownaridingclubtreasurer@gmail.com) if using e-transfer password **kelowna**



# ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Over the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

## Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of: **Kelowna Riding Club**, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips and riding instructions provided by the "Host" to the Participant.

### Initial Each Item below after Reading and Understanding each item:

- \_\_\_\_\_ 1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
  - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
  - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
  - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
- \_\_\_\_\_ 2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".
- \_\_\_\_\_ 3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
- \_\_\_\_\_ 4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
  - (a) to waive all claims that I have or may have in the future against the "Host";
  - (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
  - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
- \_\_\_\_\_ 5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- \_\_\_\_\_ 6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
- \_\_\_\_\_ 7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

### Please Print Clearly

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tel # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

\_\_\_\_\_  
(Signature of Participant) Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Print Name of Witness to Signing and Initialing)

\_\_\_\_\_  
(Signature of Witness) Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_



# ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Under the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

## The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Infant Participant named below with and for the benefit of: **Kelowna Riding Club**, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips or riding instruction provided by the "Host" to the Infant Participant.

### Initial Each Item below after Reading and Understanding each item:

1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that his waiver be binding on myself and the Infant Participant for all legal purposes.
2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
  - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
  - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and
  - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
  - (a) to waive all claims that the Infant Participant has or may have in the future against the "Host";
  - (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
  - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

### Please Print Clearly

Infant Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tel # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian of Infant Participant) Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Print Name of Witness to Signing and Initialing) \_\_\_\_\_ (Signature of Witness)