Chesley Saddle Club

Membership Application
___2019___

Please complete all the fillable portions of this application, sign where indicated and mail to the Treasurer including a cheque payable to the Chesley Saddle Club. If you prefer you may email funds to the Treasurer and then mail the application. An e-mail transfer receipt will be sent upon receipt of funds but membership cards are no longer being issued. Your signature indicates that you have read and understood this agreement below.

Membership Type: Single $20_____Family $40_____Non Riding Member $10 _____

Note: A family includes parents and up to 6 immediate family members not over 21. List those family members at the bottom of page.

PLEASE PRINT CLEARLY.

I/we_____INSURANCE#_____
and_____INSURANCE#_____
Address_____City_____Postal_____
Email_____Phone No. _____

wish to apply for membership for the 12 month period from January 1 to December 31, 2019 and agree to comply with the club Constitution & Bylaw, Trail Ride Rules and other rules that are set by the club. By my signature below I agree to waive any claims for damage sustained by my horse, equipment or person while participating in any Chesley Saddle Club activities and further agree to hold harmless the Land Owners, while proceeding through their property, Chesley Saddle Club members, its officers or guests. I further agree that the Chesley Saddle Club, its members, officers and land owners are not responsible for the enforcement of Club or Land Owner rules and that any failure to enforce such rules will be deemed not to be negligence on the part of the Chesley Saddle Club, its members, officers or Land Owners. I agree that I am responsible for my own safety and for the safety of my family and that any Chesley Saddle Club activity will be entered into exclusively at my own risk. This also applies to my heirs, executors or assigns. I further state that I have read and understood the above.

Signatures_____and_____

This application cannot *be* accepted *without your signature(s) of* agreement *and proof of insurance (CRHRA, OE or* equivalent for each family member).

Family- Up to 6 immediate family members not over 21. Please list names below

1._____   Please send payment to the Treasurer:

2._____   John Pyatt

3._____   1029 South Kinloss Avenue

4._____   Lucknow, Ontario, NOG 2H0

5._____   cpnhook@gmail.com (519)-955-1286

6._____