

Western Dressage Association of Northern Alberta

Membership Year: January 1 -December 31, 20____

Please Print Clearly ~ Thank you!

☐ New Member ☐ Renewing Member

Primary Applicant (18+)

First Name: _____

Last Name: _____

Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Phone: _____

Email: _____

AEF#: _____

Second Adult Family Member if Applicable (age 18+):

First: _____

Last: _____

AEF#: _____

Minor Family Member (under 18):

Name & Age & AEF#: _____

Name & Age & AEF#: _____

Name & Age & AEF#: _____

For insurance purposes all of our riding members must have a current AEF membership. **Please include a copy of your valid AEF card with your application. Membership applications will not be accepted without proof of valid AEF#.** If anyone on this form will not be in care or control of a horse at WDANA events please write "Not Riding" in place of the AEF #.

Membership Type (check one): ☐ Individual \$25 ☐ Family \$40

Individual Membership - must be 18+

Family Membership – Immediate family only. Must have one 18+ member but no more than 2 parents/guardians.

I/We agree to abide by the Western Dressage Association of Northern Alberta "Policies & Guidelines" and acknowledge that I/we ride at my/our own risk.

Signature of Primary Applicant: _____ Date: _____

Signature of Second Adult Applicant: _____ Date: _____

*** If signing on behalf of a minor (under 18):** by signing I, the primary applicant, certify that I have the legal authority to do so as parent/guardian.

* Primary Applicant Signature: _____ Date: _____

Completed forms and payments can be sent to:

info.wdana@gmail.com

or

Tracey Stock

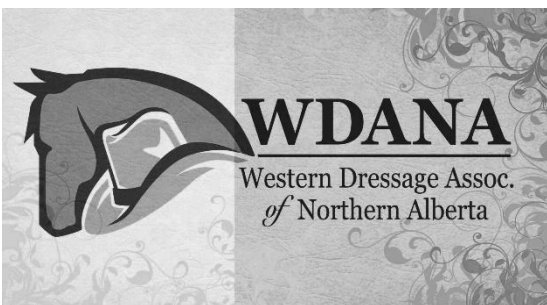
22167 Twp Rd 534

(etransfer to same email address)

Ardrossan, AB T8E 2M5

For Office Use Only

Date Paid: _____ Method Paid: _____ WDANA Membership Number: _____



Western Dressage Association of Northern Alberta

Agreement for Acceptance of Risk – Adult (18+)

I/We request permission to participate in horseback riding and other activities sponsored by the Western Dressage Association of Northern Alberta.

I/We fully understand that riding, handling and grooming horses, and other equestrian activities are inherently dangerous.

I/We wish to participate in these activities knowing the risks they entail.

I/We accept and assume all of the risks of injury (including death) to me/us and/or my/our property, as well as injury (including death) to other people and/or their property.

I/We acknowledge that the Western Dressage Association of Northern Alberta strongly recommends all adult participants wear certified equestrian safety helmets and heeled boots when in care or control of a horse.

All applicants have applied for or hold a current AEF membership.

I/We have read and understand all of the above.

Primary Applicant:

Name: _____

Date: _____ AEF#: _____

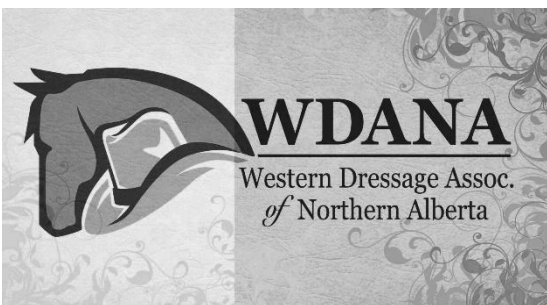
Signature: _____

Second Adult Applicant if Applicable:

Name: _____

Date: _____ AEF#: _____

Signature: _____



Western Dressage Association of Northern Alberta

Agreement for Acceptance of Risk – Minor(under 18)

I request permission for my child(ren), listed below, to participate in horseback riding and other activities sponsored by the Western Dressage Association of Northern Alberta.

I fully understand that riding, handling and grooming horses, and other equestrian activities are inherently dangerous.

I wish for my child(ren) to participate in these activities knowing the risks they entail.

I accept and assume all of the risks of injury (including death) to my child(ren) and/or my property, as well as injury (including death) to other people and/or their property.

I acknowledge that the Western Dressage Association of Northern Alberta requires all minor participants wear certified equestrian safety helmets and heeled boots when in care or control of a horse.

All applicants have applied for or hold a current AEF membership.

I have read and understand all of the above.

Primary Applicant – Parent/Guardian of listed minor(s):

Name: _____

AEF#: _____

Minor Family Member(s) (under 18):

Name & Age & AEF#: _____

Name & Age & AEF#: _____

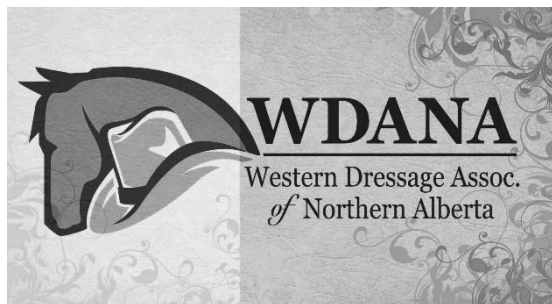
Name & Age & AEF#: _____

Name & Age & AEF#: _____

* When signing on behalf of a minor(s) (under 18): by signing I represent and warrant that I have the legal authority to do so as parent/guardian.

* Primary Applicant (Parent/Guardian) Signature: _____

Date: _____



Release & Hold Harmless Agreement

Every participant in the Western Dressage Association of Northern Alberta shall read this notice before signing. No one will be allowed to participate prior to signing this form.

"Inherent risks of equine activity" shall mean those dangers or conditions which are an integral part of equine activities, including but not limited to:

1. The propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in the vicinity.
2. The unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, people, or other animals.
3. The equine's response to certain hazards such as surface and subsurface objects.
4. Collisions with other equines, animals, people and/or objects.
5. The potential for someone to act in a negligent manner that may contribute to injury to them self, other participants or other person(s), such as failing to maintain control over the equine, or failing to act within his/her abilities.

Neither the Western Dressage Association of Northern Alberta, its executive, the organizing committee of the event, officials, volunteers, staff, nor agents shall in any way be liable for any accident, injury, damage, loss, or for any other matter that may happen to exhibitors, competitors, participants, owners, agents, or to anyone on the grounds or to any animal or article/property brought to the grounds. It is to be understood and agreed that by participating in the Western Dressage Association of Northern Alberta all exhibitors, competitors, participants, owners, agents and representatives acknowledge that equestrian sports involve inherent dangerous risks and do hereby indemnify and hold harmless the Western Dressage Association of Northern Alberta and singular, the owners, directors, officers, members, employees, agents and volunteers thereof from and against any and all loss, costs, expenses, or any claim thereof of whatever nature arising or to arise for and on account, or by reason of participating in this activity.

Initial:

_____ I have applied for, or have already renewed by AEF membership for the current year.

_____ I have read and understand all of the above.

Signed this _____ day of _____, 20____.

Primary Applicant (18+):

Name: _____ AEF#: _____

Signature: _____

Second Applicant (18+):

Name: _____ AEF#: _____

Signature: _____

Minor Family Member (under 18):

Name & Age & AEF#: _____

Name & Age & AEF#: _____

Name & Age & AEF#: _____

Name & Age & AEF#: _____

* When signing on behalf of a minor(s) (under 18): by signing I represent and warrant that I have the legal authority to do so as parent/guardian.

* Primary Applicant (Parent/Guardian) Signature: _____

Date: _____