

# TEAM SIGN UP

**Team Name:** \_\_\_\_\_

**Liaison Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**# of riders:** \_\_\_\_\_ **Age range:** \_\_\_\_\_ **# of trailers:** \_\_\_\_\_

**Coach Name:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **HCBC #:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **HCBC #:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **HCBC #:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **HCBC #:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **HCBC #:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **HCBC #:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **HCBC #:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **HCBC #:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **HCBC #:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **HCBC #:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **HCBC #:** \_\_\_\_\_

**Rider Name:** \_\_\_\_\_ **HCBC #:** \_\_\_\_\_

**Other relevant information about your team:** \_\_\_\_\_

If from outside of BC please use appropriate equine insurance policy number for each rider, or leave blank if not applicable.

## AGREEMENT

By signing this form, I agree/consent to the following, (wherein the “Cariboo Rockin’ Riders” refers to the team itself, the coach, the owner, or any of its volunteers, accessories, or members):

- For the purpose of understanding, where ‘I’ refers to the person, may read ‘we’ where appropriate, and where ‘my’ refers to personal ownership, may read ‘our’ where appropriate. These terms are interchangeable.
- I understand equine sports are dangerous and I take full responsibility for mine, and my horses, health and wellness. I will not hold the Cariboo Rockin’ Riders liable for any injuries, illness or other.
- I understand that while facilities do their best to provide a safe riding environment, there are elements that are out of their control and may negatively impact myself or my horse. I will inspect any facility thoroughly before use, and will not hold the facility liable for any injury, illness or other. I will also not hold the Cariboo Rockin’ Riders liable for choice of facility, injury, illness or other.

- I understand it is my right and responsibility to prioritize my, and my horses safety, and only engage in activities that are within our skill and comfort levels.
- I acknowledge (and consent to) photos and videos taken that include me or my horse, which may be used for print advertising, social media, or other. Please advise, in writing, if there are any exceptions to this release.
- I will ensure my teams equine activity insurance (namely HCBC), is appropriate and active during my affiliation with the Drill Expo, or the Cariboo Rockin' Riders.
- I am entering into this agreement under full awareness and of my own volition and will hereby adhere to the agreements I have made within this document.
- This document completes the agreement between myself and Cariboo Rockin' Riders and can't be changed/added to, except in writing and signed by Cariboo Rockin' Riders and the team named above.

**Signed (Team Liaison):**

**Date:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Team Participants (Under 19 years old must have parent/guardian signature)**

**Print Name:**

**Sign:**

**Print Name:**

**Sign:**

**Print Name:**

**Sign:**

**Print Name:**

**Sign:**

**Print Name:**

**Sign:**

**Print Name:**

**Sign:**

**Print Name:**

**Sign:**

**Print Name:**

**Sign:**

**Print Name:**

**Sign:**

**Print Name:**

**Sign:**

**Print Name:**

**Sign:**

**Print Name:**

**Sign:**

\_\_\_\_\_