



Date Received	_____
Date Accepted	_____
HCBC # 2018	_____
Total Owing	_____
Total Paid	_____
Vol pymt. method	_____ Amount _____
Office use only	

**2018 MEMBERSHIP APPLICATION FORM - PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ HCBC 2018# \_\_\_\_\_

Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Please check one:

- Senior (18 years of age and older as of Jan 1, 2018)
- Junior (under 18 years as of Jan 1, 2018)      DOB (day/month/year) : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- \*\*Family (2 or more Seniors or 1 or more Senior) together with 1 or more Junior.**
- Out of Town Member
- Associate Member (non-riding)

\*\* List any additional family members' names date of birth and HCBC membership number): If more space needed use new sheet of paper.

\_\_\_\_\_ DOB (day/month/yr) : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ HCBC #: \_\_\_\_\_

\_\_\_\_\_ DOB (day/month/yr) : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ HCBC #: \_\_\_\_\_

\_\_\_\_\_ DOB (day/month/yr): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ HCBC #: \_\_\_\_\_

Horse Council BC ([www.hcbc.ca](http://www.hcbc.ca), 1-800-345-8055). **2018** Membership number (mandatory for all riding members): \_\_\_\_\_

I wish to receive VDRC newsletters and notices by email    yes \_\_\_\_\_    OR by Canada Post    yes \_\_\_\_\_

**IN TOWN MEMBER.** I live within 50 kms of the VDRC, 8404 Aberdeen Road, Coldstream, BC

**OUT OF TOWN MEMBER.** I live further than 50 kms of the VDRD, 8404 Aberdeen Road, Coldstream, BC as determined by Google Maps and I have enclosed or attached a copy of the map and am considered an **Out of Town Member**.

Members' benefits include use of the facilities from April 1<sup>st</sup> to October 31<sup>st</sup>, reduced clinic, stabling & facility rental rates and discounts at participating community businesses. Persons using the facilities must be members or sign drop in form and pay the drop in fee of \$15.00.

**Reminder: Junior riders must wear approved headgear while mounted on the grounds of the VDRC.**

2018 Membership Fees Category	If paid on or before March 31st	If paid on or after April 1	If paid on or after Aug 15th	Volunteer fee if join on or before Aug 14th	Volunteer Fee if join on or after Aug 15 <sup>th</sup>
Senior	\$ 80.00	\$ 96.00	\$ 48.00	6 hours or \$75.00	3 hours or \$40.00
Junior	\$ 50.00	\$ 60.00	\$ 30.00	6 hours or \$75.00	3 hours or \$40.00
**Family - see above	\$120.00	\$144.00	\$ 72.00	6 hours or \$150.00	3 hours or \$75.00
Out of Town member	\$ 50.00	\$ 65.00	\$ 30.00	0 hours	0 hours
Associate (non-riding)	\$ 25.00	\$ 25.00	\$ 25.00	0 hours	0 hours

**VOLUNTEER HOURS**

**VERNON DISTRICT RIDING CLUB** is a non-profit organization dependent upon funds raised by various activities including horse shows, clinics, and membership. The club depends upon its members' volunteered time in order to maintain and upgrade the facilities, keep membership dues affordable and continue to offer shows and events. It is the responsibility of VDRC members to contribute a minimum of 6 hours annually in return for the benefits they receive from belonging to the Riding Club, or remit \$75.00 by cheque or credit card. **We are asking for just 6 hours annually from an individual Senior or Junior member, or an entire Family.** Out of town members are exempt. Please select from the following 2 options on the next page.

1. I plan to fulfill my volunteer requirements, therefore I have provided a separate cheque for my volunteer hours which **is postdated to November 15, 2018** as an assurance that I will fulfill my commitment. If I do not provide all of the 6 required hours, I hereby authorize you to cash this volunteer cheque for the amount of **\$150.00** \_\_\_\_\_ **\$75.00** \_\_\_\_\_ **\$40.00** \_\_\_\_\_  
**SIGNATURE REQUIRED:** \_\_\_\_\_ **OR**

I have provided credit card information as an assurance that I will fulfill my commitment. If I do not provide all of the 6 required hours, I hereby authorize you to process my credit card for the amount of **\$150.00** \_\_\_\_\_ **\$75.00** \_\_\_\_\_ **\$40.00** \_\_\_\_\_ on **November 15, 2018**.  
**SIGNATURE REQUIRED:** \_\_\_\_\_

2. I will not be contributing volunteer hours, therefore I have dated my "volunteer hours" cheque for the current date and authorize the VDRC to cash it for the required amount of **\$150.00** \_\_\_\_\_ **\$75.00** \_\_\_\_\_ **\$40.00** \_\_\_\_\_  
**SIGNATURE REQUIRED:** \_\_\_\_\_ **OR**

I have provided credit card information and authorize you to process **\$150.00** \_\_\_\_\_ **\$75.00** \_\_\_\_\_ **\$40.00** \_\_\_\_\_ on my credit card upon receipt of this registration form.  
**SIGNATURE REQUIRED:** \_\_\_\_\_

**Volunteer records will be kept in a binder in the clubhouse. Hours must be verified and signed by a VDRC Director.**

Linda Edwards is in charge of volunteer hours; (email) lredwards@shaw.ca , (h) 250-542-9953 or (c) 250-307-3266  
 A list of the 2018 VDRC Directors is available on our website; www.vernonridingclub.com

Please indicate your area(s) of interest for volunteering	Which disciplines interest you the most?
<input type="checkbox"/> Directors' Auxiliary <input type="checkbox"/> Horse Shows <input type="checkbox"/> Clinics <input type="checkbox"/> Social events <input type="checkbox"/> Club maintenance <input type="checkbox"/> Fundraising <input type="checkbox"/> Food Services	<input type="checkbox"/> English <input type="checkbox"/> Hunter Jumper <input type="checkbox"/> Dressage <input type="checkbox"/> Hack <input type="checkbox"/> Pleasure <input type="checkbox"/> Driving <input type="checkbox"/> Gymkhana <input type="checkbox"/> Western <input type="checkbox"/> Trail <input type="checkbox"/> Western Dressage <input type="checkbox"/> Breed <input type="checkbox"/> Reining <input type="checkbox"/> Vaulting <input type="checkbox"/> Other

Do you have a skill or trade that would be an asset to the Vernon District Riding Club? **Please tell us about it!**

Are there any activities that you would like to see at the club that you would be willing to help organize? **Please tell us about it?**

Cheques payable to Vernon District Riding Club and credit cards are accepted. E-mail membership and waivers **MUST** be in PDF, no exceptions please. If sending by Canada Post mail to;  
 Gayle Rowan, 221 Richlands Road, Cherryville, BC V0E 2G1  
 Email membership/waivers to; **membership@vernonridingclub.com**  
 If you wish, you may phone Gayle at 250 547-6545 with your cc info.

Please remember:

- Membership dues made out to Vernon District Riding Club (current date)
- Volunteer Chq made out to Vernon District Riding Club (dated Nov. 15, 2018)
- Credit Card information if paying by credit card
- Signature required on membership form for volunteer option
- Proof of 2018 HCBC membership (scan or photocopy)
- A signed waiver (scan or photocopy acceptable) for **each member**
- Google Map to determine mileage
- Make a copy for your records
- Incomplete forms will not be processed

**Payment**

**Membership Amount** \_\_\_\_\_

**Payment method** \_\_\_\_\_

**Volunteer Amount** \_\_\_\_\_

**Payment Method** \_\_\_\_\_

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

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

Expiry Date :(mth/yr) \_\_\_\_\_ CSV: \_\_\_\_\_

Card holder signature: (required) \_\_\_\_\_

**A Signed Waiver is Mandatory for all Memberships.**

**(Lifetime members who wish to ride at the facility please sign a waiver and leave it in the Drop Box, thank you)**

Please print out the waiver that applies to your membership (e.g. Senior or Junior). Please read, initial in the space provided, and sign the waiver. Attach to your completed membership form. For family memberships please complete the Senior and Junior waiver for **each** senior and junior rider in the family.

**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: the **Vernon District 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**

Print - Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ dd/mm/yy

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

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(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)

Participants **Under the Age of Majority** in the Prov. 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; the **Vernon and District 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**

Print - Infant Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (dd/mm/yy)

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

Parent/Guardian's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ DAY / MONTH / YEAR

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

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

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

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

\_\_\_\_\_  
(Signature of Witness)