



# 2023 MEMBERSHIP APPLICATION FORM

Received _____	Accepted _____
Owe _____	Pd _____ Method _____
Vol. amt owed _____	Pd _____ Method _____
For office use only	

### I. Contact Info:

Name: \_\_\_\_\_ 2023 HCBC # \_\_\_\_\_

Check the box if you are a 2022 returning member with the same contact info and skip to II. **Membership Type.**

Ph: \_\_\_\_\_ Cel Ph: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

### II. Membership Type:

\_\_\_\_ **Senior** 18 years of age and older on Jan 1, 2023

\_\_\_\_ **Junior** under 18 years on Jan 1, 2023 DOB (day/month/year) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_ **Family** List family members, junior birth dates, and HCBC numbers. Each family member needs their a completed waiver.

1) \_\_\_\_\_ DOB (day/month/year) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2023 HCBC# \_\_\_\_\_

2) \_\_\_\_\_ DOB (day/month/year) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2023 HCBC# \_\_\_\_\_

3) \_\_\_\_\_ DOB (day/month/year) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2023 HCBC# \_\_\_\_\_

4) \_\_\_\_\_ DOB (day/month/year) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2023 HCBC# \_\_\_\_\_

\_\_\_\_ **Associate** (Non-riding)

\_\_\_\_ **Lifetime** (Honorary)

### III. Membership Region

\_\_\_\_ **Out of Town** I live further than 50 km from VDRC, 8404 Aberdeen Road, Coldstream as determined by Google Maps.

\_\_\_\_ **In Town** I live within 50 km of VDRC, 8404 Aberdeen Road, Coldstream.

2023 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 joined on or before Aug 14th	Volunteer Fee if joined on or after Aug 15 <sup>th</sup>
Senior (In Town)	\$100.00	\$120.00	\$60.00	6 hours or \$150.00	3 hours or \$80.00
Senior (Out of Town)	\$62.50	\$81.25	\$37.50	0 hours	0 hours
Junior (In or Out of Town - no volunteer hours for out of town juniors)	\$62.50	\$75.00	\$37.50	6 hours or \$150.00	3 hours or \$80.00
Family	\$150.00	\$210.00	\$90.00	6 hours or \$300	3 hours or \$150.00
Associate (non-riding)	\$31.25	\$31.25	\$31.25	0 hours	0 hours

**IV. VOLUNTEER HOURS (Out of Town and Associates Members may skip this section)**

**Option 1** I plan to do the volunteer work! I have provided a separate cheque (postdated Nov. 15, 2023) or my credit card information as an assurance to my commitment. If I do not provide all of the required hours, I authorize VDRC to cash the post dated cheque or charge my credit card for the amount of **\$300.00** \_\_\_\_\_ **\$150.00** \_\_\_\_\_ **\$80.00** \_\_\_\_\_

**Signature Required:** \_\_\_\_\_

**Option 2** I am not planning to do the volunteer work and would like to donate my volunteer fees to VDRC immediately! I will be paying **\$300.00** \_\_\_\_\_ **\$150.00** \_\_\_\_\_ **\$80.00** \_\_\_\_\_ by  credit card,  cheque,  etransfer (please check one).

**Signature Required:** \_\_\_\_\_

<p><b>Please indicate your area(s) of interest for volunteering</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Directors' Auxiliary</li> <li><input type="checkbox"/> Dressage Shows/Clinics/Events</li> <li><input type="checkbox"/> Hunter/Jumper Shows/Clinics/Events</li> <li><input type="checkbox"/> Social events</li> <li><input type="checkbox"/> Club maintenance</li> <li><input type="checkbox"/> Fundraising</li> <li><input type="checkbox"/> Food Services</li> </ul> <p><b>Are there any activities that you would like to organize for VDRC?</b></p>	<p><b>Volunteer records will be kept in a binder in the clubhouse. Hours must be verified and signed by a VDRC Director.</b></p> <p>Linda Edwards is in charge of volunteer hours; (email) <a href="mailto:lredwards@shaw.ca">lredwards@shaw.ca</a> , (h) 250-542-9953 or (c) 250-307-3266</p> <p>A list of the VDRC Directors is available on our website; <a href="http://www.vernonridingclub.com">www.vernonridingclub.com</a></p> <p>You should contact the various show managers directly to offer your help. Please see show programs on website for names.</p>
<p><b>Do you have a skill or trade that would be an asset to VDRC?</b></p>	

**V. Equine Vaccinations (Please initial the two statements below)**

\_\_\_\_\_ I agree to have all of my horses, using the VDRC grounds, vaccinated in accordance with my veterinarian's protocols.

\_\_\_\_\_ I am aware that I will be required to show proof of vaccination when attending a VDRC show or clinic in accordance with Equine Canada's Article A519.

**VI. Payment**

<p>Payment: E-transfers, credit cards and cheques (payable to VDRC) are accepted. If emailing forms please send in PDF. If paying by e-transfer you must supply a credit card # or cheque to guarantee your volunteer hours.</p> <p>Email membership/waiver/e-transfers or questions to: Shanda Hammerton at <a href="mailto:membership@vernonridingclub.com">membership@vernonridingclub.com</a></p> <p><b>VDRC Mailing Address:</b>  <b>VDRC, PO Box 21130 Polson Place,</b>  <b>Vernon, BC, V1T 9T7</b></p> <p>Please remember:          Membership dues made out to Vernon District Riding Club (current date)          Volunteer Chq made out to Vernon District Riding Club (<b>dated Nov. 15, 2023</b>)          Credit Card information if paying by credit card          Signature required on membership form for volunteer option          Proof of 2023 HCBC membership (scan or photocopy)          If sending an e-transfer, please put membership in the memo section</p>	<p style="text-align: center;"><b>Payment</b></p> <p><input type="checkbox"/> <b>Membership Amount</b> _____</p> <p><input type="checkbox"/> <b>Payment method</b> _____</p> <p><input type="checkbox"/> <b>Volunteer Amount</b> _____</p> <p><input type="checkbox"/> <b>Payment Method</b> _____</p> <p>Cardholder Name: _____</p> <p>Credit Card Number: _____</p> <p>Expiry Date :(mth/yr) _____ CSV: _____</p> <p>Card Holder's Signature _____</p>
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**A Signed Waiver must accompany all Memberships.**

**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 \_\_\_\_\_ D/M/Y

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

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

\_\_\_\_\_  
(Signature of Participant) Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

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

\_\_\_\_\_  
Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2023. (Signature of Witness)

**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 \_\_\_\_\_ D/M/Y

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

Parent/Guardian's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ D/M/Y

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

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

\_\_\_\_\_  
(Signature of Parent/Guardian of Infant Participant) Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

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

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

**ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY (AR-0103)**