



OFFICE USE ONLY

MEMBERSHIP FORM & DISCLAIMER STATEMENT

Club Name: Manning Valley Performance Horse Club Inc.
Club Address: POST OFFICE BOX 217 WINGHAM
Event: All Club activities for the year commencing
1st July 2009 to June 30th 2010.

PLEASE READ CAREFULL AND REMEMBER TO SIGN INDEMNITY, RELEASE & WAIVER OF LIABILITY

I understand and acknowledge that all aspects of handling, working with and in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way at any time. I understand and acknowledge that serious injury or death may result from all activities involving horses.

I agree, that I compete and/or attend any show conducted or authorized by the **Manning Valley Performance Horse Club Inc.**, at my own risk and to indemnify and keep indemnified the organization or person involved in the conduct of any show against all claims, suits, actions or demands, which may be brought in respect of any injury, or other loss sustained by me in the course of competing/exhibiting at the show. I agree to exonerate the committee of management of the show together with any other organization or person involved in the conduct of any HSAA show from all loss or injury to me whether due to alleged negligence or otherwise.

By signing this agreement: I understand that I and my dependants, waive our rights to sue the Provider for losses relating to me and or my dependants **personal injury or death** that result from any negligence caused by the Provider.

Signature..... Date.....

NB: Signature of Member (Parent or Guardian to witness if member under 18 years of age).

NAME OF YOUTH; _____ .

PARENT/GUARDIAN: NAME: SIGNATURE:

MEMBERSHIP NAME: _____

ADDRESS: _____

_____ POST CODE _____

TELEPHONE: _____ BH _____ AH _____

YOUTH DATE OF BIRTH; _____ E-MAIL: _____

If you wish to receive your Correspondence by e-mail please Indicate: YES/NO

I agree to abide by the rules and regulations of the M.V.P.H.C., HSAA, EFA and other rules bought into the club.

SIGNATURE: _____

Signed for and on the behalf of the above stated membership

MEMBERSHIP Fees: YOUTH \$30.00 (Youth under 18yrs.) **FULL; \$40.00**
From 1st July, 2009 – 30th June, 2010 inclusive.

DAY MEMBERSHIP & INSURANCE \$10.00 per day Date of . _____