

Eastern Ontario Pleasure Driving Society Membership Application

Renewal _____ New _____

Individual Membership: \$30.00 **Family Membership:** \$40.00

Name _____

For family membership, list drivers (indicate youth drivers age 21 and under with *):

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Before participating in driving events with horses, proof of current liability insurance for \$1,000,000.00 to be forwarded to the Treasurer with your membership application. Include expiry date of policy. I (We) agree that, in consideration of acceptance of my membership in the Eastern Ontario Pleasure Driving Society and on payment of the membership fee, without qualification to waive any and all claims for legal liability arising out of the operation of this incorporated Society as against the Society and/or its members that may come into existence during the period of my membership in the Society during the calendar year 20 _____. Further, I (We) agree to be bound by the bylaws and rules of the Society.

Signed at _____ This _____ Day of _____ 20 _____

Signature (Member) _____

OEF/FEQ membership # if applicable: _____ Expiry Date: _____

{The EOPDS encourages active members to join the Ontario Equestrian Federation (OEF – call toll-free 1-877-441-7112) or the Quebec Equestrian Federation (FEQ – call toll-free 1-866-575-0515). Both provide liability insurance associated with membership.}

Cross out the entire following paragraph if you do not wish to give permission:
IMPORTANT – Publicity Agreement: I/We hereby give permission to EOPDS to use my/our name(s) and/or photo(s) in newsletters, articles, media releases, advertisements, brochures or reports they produce.

Send EOPDS membership application, copy of proof of insurance if an active member, and cheque payable to EOPDS to: Barry Beach, EOPDS Treasurer, 1894 March Road, Kanata, Ontario K2K 1X7.

I/We are interested in: Pleasure Driving__ Recreational Driving__ CDEs__ Shows__ Social Drives__ Clinics__ Volunteering at Events__ Serving on Committee__

I/We drive: Single pony__ Single Horse__ VSE__ Pair Ponies__ Pair Horses__ Pair VSEs__ Multiples __ **(over)**

Waiver and Release of Liability

Name: _____

Address: _____

This document will affect your legal rights and liabilities – please read carefully.

I acknowledge that the sport of driving is a high risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge and absolve the Organizing Committee (EOPDS), Provincial Associations, Equine Canada and their officials, volunteers, Officers, Directors, agents, representatives and employees and the owners of any of the properties where these functions are held from all responsibility, liability or claims of an nature and kind which I may have arising from my participation in this activity , including but not limited to bodily injury or death to myself , my groom and/or navigator, my horse(s) and damage to property arising from any cause whatever, including the negligence of one or more individuals and organizations referred to herein. I hereby declare that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assign.

Signature of Participant _____ *Date* _____

If the driver is under eighteen years, the parent/guardian must also sign below.

I acknowledge as Parent/Guardian of _____ that I have read and fully understand and agree to the conditions stated herein.

Signature of Parent/Guardian _____ *Date* _____