



9610 Armstrong Road, Chilliwack, BC V2P 6H4
Phone: 1-604-701-1104 Fax: 1-604-795-5149

2010/2011 Membership Application

Sept 1st, 2010 to Aug 31st, 2011

Last Name: _____ First Name: _____ Current CBR#

Mailing Address: _____
Street/PO City Province Postal Code

Phone: _____ Cell Phone: _____

Birthday: _____ E-mail Address: _____

Jacket Size: (choose one) XS S M L XL XXL

- \$45 – Open Membership
- \$35 – Youth/Senior Membership

Ages are as of Sept 1
Peewee 10 & under
Youth 17 & under
Senior 45 & over

_____ \$25ea – Additional Horse
Please Specify Class(s)

_____ \$35ea – Finals Qualification (add-on per horse)
(Automatically qualified for the finals – Removes finals run requirements)

_____ \$25 – Peewee Membership (per horse, no qualifiers required)

_____ \$25 – Pole Bending Membership (per horse, no qualifiers required)

\$ _____ Total Enclosed Cash Cheque Money Order

General Waiver Attached* **Equipment Waiver Attached***

RELEASE: I agree to release and hold harmless Canadian Barrel Racing, all members, arena owners, arena operators, producers, and any or all persons connected with all Canadian Barrel Racing approved events from losses, damages, or injury to me, my equipment and/or any animals resulting from attending and/or participating in any Canadian Barrel Racing sanctioned events. I, as a member of Canadian Barrel Racing (CBR), will allow CBR to use my name, photo and/or video for promotional purposes.

I hereby swear to the above release and unconditionally give my permission for the above named applicant to compete at CBR sanctioned events.

If applicant is under 19 years of age, this release must be signed by a legal guardian.

***BOTH Waivers are required**

Office Use Only

CBR # _____ Posted _____ Ref # _____

Received: _____ Entered: _____

Signature

Date

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: _____

_____, 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

Participant Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

(Signature of Participant) Signed this _____ day of _____, 20____

(Print Name of "Host" Witness to Signing and Initialing)

(Signature of "Host" Witness) Signed this _____ day of _____, 20____

SAFETY EQUIPMENT ACKNOWLEDGMENT AND RELEASE FORM
(For Participants Over the Age of Majority)

Please Print Clearly

Participant's Name: _____ Date of Birth: _____

Address: _____ City _____ Prov. _____ Postal _____

No person riding without a helmet designed for equine activities will be allowed to participate in equine activities prior to reading and signing this form.

TO: _____,
their directors, employees, (Name of Person, Organization or Company providing the Equine Activities)
officers, volunteers, business operators, and site property owners, (all of them collectively called the HOST):

ACKNOWLEDGMENTS AND STATEMENTS OF PARTICIPANT

Initial each item below After Reading and Understanding the item.

- _____ 1) I **Understand the RISKS** inherent in equine activities as evidenced by the separately signed Acknowledgment of Risk and Release of Liability Form on file with the "Host".
- _____ 2) I **Understand** wearing proper safety equipment may reduce injury even though no amount of preplanning can remove all the **DANGERS, HAZARDS, and RISKS** of equine activities.
- _____ 3) I **have Freely Decided to ride without wearing a helmet** designed for equine activities which might prevent permanent brain damage in the event of an accident.
- _____ 4) I **have Refused Critical Safety Equipment** for equine activities against the advice of the "Host".
- _____ 5) I **Fully Assume all additional DANGERS, HAZARDS, and RISKS** to which my decision to ride without a helmet might expose me.
- _____ 6) I **Understand that signing this form Waives certain Legal Rights** I might have against the "Host".

Before signing this form I read it (as indicated by my initials above) and I state that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our "Legal Representatives" might have against the "HOST".

SIGNED This _____ day of _____, 20____

(Signature of Participant)

Do Not Sign until you Understand All Items Above

(Print HOST Name Witness to Signing & Initialing)

(Signature of HOST Witness)

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Under 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!

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: _____

_____, 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

Infant Participant's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

Parent/Guardian's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

(Signature of Parent/Guardian of Infant Participant) Signed this _____ day of _____, 20____

(Print Name of "Host" Witness to Signing and Initialing)

(Signature of "Host" Witness)

SAFETY EQUIPMENT ACKNOWLEDGMENT AND RELEASE FORM
(For Participants Under the Age of Majority)

Please Print Clearly

Infant Participant's Name: _____ Date of Birth: _____

Infant's Address: _____ City _____ Prov. _____ Postal _____

Parent/Guardian Name: _____ Date of Birth: _____

Parent/Guardian Address: _____ City _____ Prov. _____ Postal _____

No person riding without a helmet designed for equine activities will be allowed to participate in equine activities prior to reading and signing this form.

Parent/Guardian must Read and Understand prior to the Infant Participating in Equine Activities

TO: _____,
their directors, employees, (Name of Person, Organization or Company providing the Equine Activities)
officers, volunteers, business operators, and site property owners, (all of them collectively called the HOST):

ACKNOWLEDGMENTS AND STATEMENTS OF PARENT/GUARDIAN

Initial each item below After Reading and Understanding the item.

- _____ 1) I am the Parent or Legal Guardian of the infant Participant named above and am executing this form on behalf of the infant Participant in my capacity as parent or guardian with the **intent this Form Is To Be Binding on Myself and the Infant Participant for All Legal Purposes.**
- _____ 2) I Understand the **RISKS** inherent in equine activities as evidenced by the separately signed Acknowledgment of Risk and Release of Liability Form on file with the "Host".
- _____ 3) I Understand injury may be reduced by wearing proper safety equipment and that no amount of preplanning can remove all the **DANGERS, HAZARDS, and RISKS** of equine activities.
- _____ 4) I have **Freely Decided** to allow the infant Participant to ride without wearing a helmet designed for equine activities which might prevent permanent brain damage in the event of an accident.
- _____ 5) I have **Permitted the Refusal of Critical Safety Equipment** against the advice of the "Host".
- _____ 6) I **Assume Full Responsibility** for all additional **DANGERS, HAZARDS, and RISKS** of injury my decision to permit riding without a helmet might expose the infant Participant.
- _____ 7) I **Agree to HOLD HARMLESS and INDEMNIFY** the "Host" from any and all liability for injury resulting from the infant Participant riding without a helmet designed for equine activities.
- _____ 8) I Understand that signing this form **Waives certain Legal Rights** that I or the infant Participant might have against the "Host".

Before signing this form I read it (as indicated by my initials above) and I state that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our "Legal Representatives" might have against the "HOST".

SIGNED This _____ day of _____, 20____

(Signature of Parent/Guardian)

Do Not Sign until you Understand All Items Above

(Print HOST Name Witness to Signing & Initialing)

(Signature of HOST Witness)