



# Totem Saddle Club – 2023 Membership

Memberships will be accepted by Mail or Email – Cheque or Etransfer.

[Totemsaddleclub.2018@gmail.com](mailto:Totemsaddleclub.2018@gmail.com)

Memberships Expire: December 31, 2023

All Ages as of January 1, 2023

PO BOX 547

Terrace, BC

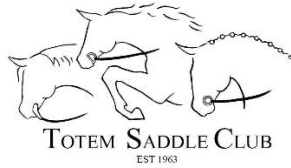
V8G – 4B5

<b>JUNIOR Membership:</b>	Single participant, under the age of 18.	<b>\$75.00</b>
<b>SENIOR Membership:</b>	Single participant, 18 & up.	<b>\$100.00</b>
<b>FAMILY Membership:</b>	Open to 2 Adults & 2 children. Max of 4 participant's & additional are \$25 each. Children <b>MUST</b> be under the age of 18 & reside in the same household.	<b>\$225.00</b>
<b>Event DROP – IN:</b>	Valid for one event / event weekend.	<b>\$30.00</b>
<b>COACHING Membership:</b>	(Additional cost to Membership) Please attach copy of your valid coaching insurance. Please make sure all students have memberships & use the sign in book. <b>Coaching in the indoor is not allowed without a coaching membership.</b>	<b>\$50.00</b>
<b>YEARLY Advertising:</b>	You are responsible to supply your own signage.	<b>\$150.00</b>

Amount total: \_\_\_\_\_

Address: _____	Town: _____ Postal Code: _____
Contact#: _____	Email: _____

LASTNAME: _____	FIRST NAME: _____
DATE OF BIRTH: _____	HCBC #: _____
LASTNAME: _____	FIRST NAME: _____
DATE OF BIRTH: _____	HCBC #: _____
LASTNAME: _____	FIRST NAME: _____
DATE OF BIRTH: _____	HCBC #: _____
LASTNAME: _____	FIRST NAME: _____
DATE OF BIRTH: _____	HCBC #: _____



### **RELEASE FORM**

To: TOTEM SADDLE CLUB, their respective directors, officers, employees, representatives, agents, officials, volunteers, business operators, and site property owners, (all of them collectively called the "HOST").

I am aware and understand that there are Inherent Dangers, Hazards, and Risks, (collectively called "RISKS"), associated with Equine Activities. These Inherent Risks of Equine Activities means those Dangerous Conditions which are an integral part of Equine Activities, including but not limited to:

- 1) The propensity of any equine to behave in ways that may result in injury, harm, or death to persons on or around them, and/or damage to property in their vicinity;
- 2) The unpredictability of an equine's reaction to things such as sounds, sudden movement, and unfamiliar objects, persons, or other animals;
- 3) The equine's response to certain hazards such as surface and sub-surface objects;
- 4) Collisions with other equines, animals, people, and objects;
- 5) The potential of any participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability.

I understand that injuries resulting from such "RISKS" are a common and ordinary occurrence associated with Equestrian Activities. I freely accept and fully assume all the "RISKS" and the possibility of personal injury, death, property damage, or loss from being a Participant. I acknowledge that it remains my sole responsibility to act in such a manner as to be responsible for my own safety, and to participate within my own limits.

In consideration of the "HOST" permitting my participation in the events, I, together with my heirs, executors, administrators, and assigns, (collectively called my "Legal Representatives"), agree as follows:

- 1) To Waive All Claims that I may have against the "HOST";
- 2) To Release the "HOST" From Any and All Liability for any loss, damages, injury, or expense that I or my "Legal Representatives" may suffer as a result of my participation in the events due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE "HOST"; and,
- 3) TO HOLD HARMLESS AND INDEMNIFY the "HOST" from any and all liability for any property damage or personal injury to any third party resulting from my participation in the "EVENTS".

I have read and understand the Rules of the "EVENTS", which apply to me. I agree to abide by those Rules and acknowledge that a breach of the Rules may, among other things, result in my expulsion from the "EVENTS".

AND IF PARTICIPANT IS A MINOR - UNDER 18 - I am the legal guardian of the Minor Participant named herein, and am executing this Release and Acknowledgement on behalf of the Minor Participant in my capacity as guardian, and with the intent that this Release and Acknowledgement be binding on the Minor Participant for all legal purposes. Before I signed this Release and Acknowledgement, I read it. I state that I understand it. I am aware that by signing this Release and Acknowledgement, I am waiving certain legal rights, which I might have against the "HOST", or, if I die, I am waiving certain rights that my "Legal Representatives" may have against the "HOST", and which the Minor Participant has against the "HOST". In the event of my death or the death of the Minor Participant, by signing this Release and Acknowledgement, I am waiving all legal rights which my "Legal Representatives" or the "Legal Representatives" of the Minor Participant may have against the "HOST", I agree to indemnify the "HOST" for any and all loss arising out of injury to the Minor Participant.

**MUST BE SIGNED PRIOR TO RIDING:**

**I HAVE READ THE RELEASE FORM AND AGREE TO THE CONDITIONS SET FORTH BY THE TOTEM SADDLE CLUB**

PARTICIPANT(S) Name: \_\_\_\_\_

SIGNED: \_\_\_\_\_

*Signature of parent or guardian if RIDER is a MINOR*

WITNESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**SAFETY EQUIPMENT ACKNOWLEDGMENT AND RELEASE FORM**

(for Participants **OVER the age of majority**)

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

**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).

**ACKNOWLEDGEMENTS 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)

**SAFETY EQUIPMENT ACKNOWLEDGMENT AND RELEASE FORM**  
**(for Participants Under the age of majority)**

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 Code: \_\_\_\_\_

**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).

**ACKNOWLEDGEMENTS 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 all additional DANGERS, HAZARDS, and RISKS of injury my decision to permit riding without a helmet might expose the infant Participant.

\_\_\_\_ 7) 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)**

## 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

Print - Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
DAY / MONTH / YEAR

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)

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

Print - Infant Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
DAY / MONTH / YEAR

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

Print - 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)