

**Kawartha Lakes Dressage Association (KLDA)
2011**

MEMBERSHIP APPLICATION FORM

Page 2 of 2 (BOTH pages must be completed)

AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY

WARNING: This document could affect your legal rights and liabilities.
Please read this document carefully.

I acknowledge that the sport of horses is a high risk sport and that I am participating at my own risk and in full knowledge that there are significant risks involved in working with and around horses. I further acknowledge that there is some element of risk and that an accident could occur and result in injury or death to the rider or their mount. I wish to participate in these activities knowing they are dangerous.

In consideration for being allowed to participate as a member of Kawartha Lakes Dressage Association, I hereby assume all risk of bodily injury or death to myself or my horses(s) and damage to property arising from my participation in these activities. I release and agree not to make or bring any claim of any kind against Kawartha Lakes Dressage Association, its officials, servants, representatives, officers, and directors for any injury (including death), to me or any damage to my property, arising out of my membership and/or participation in these dangerous horseback riding or related activities.

I hereby declare that I have reviewed the foregoing Acceptance of Risk paragraphs and understand the risks involved in Kawartha Lakes Dressage Association membership and in Kawartha Lakes Dressage Association events and activities. I hereby declare that in signing this document I agree to the conditions stated herein and that it is binding upon myself, my representatives, my executors, successors, heirs and assigns.

<p>_____ Signature of Member</p> <p>_____ Date</p>	<p>If a member is under 18 years of age at the date this form is signed, the Parent/Guardian of the member must sign. If a member is 18 years of age or older at the date of signing this Form, the Parent/Guardian is no longer required to also accept legal responsibility for the member and need not sign. If a member turns 18 after this form is signed and before their next membership renewal, this agreement shall remain in force until the next membership renewal.</p>
<p>Please Print Name</p>	<p>I _____ acknowledge, as _____ Parent/Guardian of _____, That I have read and fully understand and agree to the terms and conditions stated herein on behalf of _____ and myself.</p> <p>_____ Signature of Parent/Guardian</p> <p>_____ Date</p>
	<p>_____ Please Print Name</p>

Please make cheque/money order payable to: Kawartha Lakes Dressage Association

Mail to: Brenda Koenig, 903 First Line, Warsaw, ON K0L 3A0