

AADAS MEMBERSHIP FORM

Membership Type: Check the plan of your choice

Individual	Family
-Individual monthly \$50 ___	-Family monthly \$50+ \$10/extra person ___
-Individual 6month \$125 ___	-Family 6month \$125 + \$25/Extra Person ___
-Individual yearly \$250 ___	-Family yearly \$250+\$50/Extra Person ___
- Drop inn \$10 horse ___	

Name: _____ Date _____

Address: _____

Town: _____ Prov: _____ Postal Code: _____

Phone number: _____

Email: _____

Family Member Names:

1) _____ 2) _____

3) _____ 4) _____

Waivers Attached:

1) 2) 3) 4)

Emergency Contact:

Name: _____ Phone: _____

Payment:

CHQ-Made payable to Athabasca District Ag Society

Etransfer to: info.aadas@gmail.com

Cash

Please email completed form and waiver to info.aadas@gmail.com or bring with you to your building orientation.

Please contact Leah Olson 780-213-0845 with any questions or concerns.

Athabasca District Agricultural Society

Use of indoor and outdoor riding facilities.

2020-21 EQUINE FUNCTION WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in the Athabasca District Agricultural Society equestrian events, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment (recommend Riding Helmet) and personal discipline may reduce this risk, the risk of serious injury does exist in all equine related activities and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe an unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,

4. I for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS Athabasca District Agricultural Society, their officers, official, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event (Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ X _____
Participant’s Printed Name Participant’s Signature

X _____ X _____
If Participant is under 18 Parent Signature Witness Signature