



2020 Membership Package

NAME: _____ PHONE: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ POSTAL CODE: _____

HCBC # (Mandatory for ALL members) _____

Please Check One Type of Membership Application:

- Individual Membership (any age)
- Family (two members or more of the same residence)

If you are applying for a Family Membership, please list all names (plus the ages of those 18 and under):

_____ DOB ____/____/____ HCBC # _____

	Price
Early Bird Individual (Before March 31st)	\$30
Individual	\$40
Early Bird Family (Before March 31st)	\$40
Family	\$50
Total	

*All rates include tax

❖ All members must be able to show proof of current HCBC membership

VOLUNTEER HOURS

The Sunshine Coast Equestrian Club is an organization dependent upon funds raised by various activities, such as horse shows, clinics, and camps etc. We need the funds generated by these activities in order to maintain and improve facilities and equipment. It is each Sunshine Coast Equestrian Club member's responsibility to complete 10 hours of volunteer time annually, or forfeit eligibility for year-end awards. Members are also required to attend two Meetings per year.

Please note; although the Sunshine Coast Equestrian Club does its best to inform members of activities where volunteers are needed, it is the responsibility of the member to contact the volunteer coordinator to arrange volunteer hour completion.

Date Received: _____
Cheque # _____
HCBC # _____



Please indicate areas in which you would be willing to volunteer:

Leadership Roles: (organizing, managing)	Supportive Roles: (work crews, show help etc.)
<input type="checkbox"/> Executive Member <input type="checkbox"/> Fundraising / Sponsorship <input type="checkbox"/> Show Committee <input type="checkbox"/> Advertising <input type="checkbox"/> Sub-Committee for special event <input type="checkbox"/> Youth Committee <input type="checkbox"/> Grounds Committee <input type="checkbox"/> Concession <input type="checkbox"/> Shopping <input type="checkbox"/> Cooking <input type="checkbox"/> Cash <input type="checkbox"/> Communication- emailing, Facebook, website <input type="checkbox"/> Other* Please specify _____	<input type="checkbox"/> Show Support; tasks prior to event <input type="checkbox"/> Grounds prep <input type="checkbox"/> Jump setup <input type="checkbox"/> Entries <input type="checkbox"/> Parking <input type="checkbox"/> Concession set up <input type="checkbox"/> Show Support: on-site assistance during event <input type="checkbox"/> Whipper In <input type="checkbox"/> Timer <input type="checkbox"/> Points <input type="checkbox"/> Announcer <input type="checkbox"/> Ring Steward <input type="checkbox"/> Spring Clean-Up: Grounds/ Clean-Up/Painting <input type="checkbox"/> Fall Clean-Up: Grounds/ Clean-Up <input type="checkbox"/> Bleachers Cleaning Crew <input type="checkbox"/> Carpentry, maintenance

WAIVERS

Print and enclose an initialed and signed copy of the appropriate type of waiver (Senior or Youth).

A completed waiver is MANDATORY for all members.

MAIL-IN CHECKLIST

- ✓ Completed 2-page membership application form
- ✓ One cheque for membership fee and any donation*
- ✓ Copy of Current Year's HCBC #
- ✓ Signed and Witnessed **Waiver** form - one for each member

➤ In-complete applications will not be processed until all correct forms and payment is received.

**All cheques to be made out to SCEC.*

Mail forms and payment to: Sunshine Coast Equestrian Club, Box 1955, Sechelt, BC, V0N 3A0



SUNSHINE COAST EQUESTRIAN CLUB (SCEC)
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY WAIVER

In accordance with the FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (RSBC 1996) CHAPTER 165 (FIPPA) and the PERSONAL INFORMATION PROTECTION ACT – BILL 38 -- 2003 (PIPA):

I _____ hereby **give/do not give** (please circle one) consent to the Sunshine Coast Equestrian Club to publish my name, business name (phone number, address, website, email), and photos of myself and my horse on/in the Sunshine Coast Equestrian Club’s Facebook Page, website, email, or other promotional avenues as required in the normal course of business activities of the Sunshine Coast Equestrian Club.

Signed: _____ Date: _____

Witness: _____ Date: _____

Witness Name: _____

Name Parent/Legal Guardian if participant 18 years or under: _____

Signature of Parent/Legal Guardian if participant is 18 years or under: _____

Office of the information & Privacy Commissioner for B.C.

The Office of the Information and Privacy Commissioner (OIPC) is independent from government and monitors and enforces British Columbia’s Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Information Protection Act (PIPA). FIPPA allows access to information held by public bodies such as government, hospitals, universities etc. and determines how public bodies may collect, use and disclose personal information. PIPA sets out how private organizations such as businesses, associations, charities etc. may collect, use and disclose personal information. Website is located at <http://www.oipc.org/> the website displays “Legislation” on the right hand side. Click on “Legislation” and the electronic printable version of both Acts are available



Acknowledgment of Risk and Release of Liability

For Participants Over the Age of Majority in the 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 by me (the participant) with and for the benefit of the **Sunshine Coast Equestrian Club**, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generally 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 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 "Equine Activities", it is not possible for the "Host" to make "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 judgement 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 what so ever 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 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".

Participant Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal Code _____

Phone # (_____) _____ E-mail _____

Signature of Participant _____ Date Signed _____

Name of Witness _____ Signature of Witness _____ Date Signed _____



Safety Equipment (Helmet use Western)

Acknowledgment and Release Form – Participant 18 or Older

Please Print Clearly

Participants 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 the Sunshine Coast Equestrian Club, their directors, employees, (Name of person, organization or company providing Equine Activities) officers, volunteers, business operators, and site property owners, (all of them collectively the Host)

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 Acknowledgement of Risk and Release 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 the participant and/or my Legal Representatives might have against the Host.

Signed this _____ day of _____, 20 _____

Signature of Participant _____

Print Host Name Witness to Signing and Initialing _____

Signature of Host Witness _____



Acknowledgment of Risk and Release of Liability

For Participants Under the Age of Majority in the 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 by me (the participant) with and for the benefit of the **Sunshine Coast Equestrian Club**, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generally foregoing "Equine Activities" includes but is not limited to trail rides, pack trips, and riding instructions 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 this waiver be binding on myself and the Infant Participant for all legal purposes.
- ___2. I 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 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 personal injury, death, property damage or loss resulting from the Infants Participants participation in "Equine Activities".
- ___4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of "Equine Activities", it is not possible for the "Host" to make "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 my Legal Representatives) agree:
 - (a) to waive all claims that the Infant Participant has or may 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 judgement 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 what so ever 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 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".

Participant Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal Code _____

Phone # (_____) _____ E-mail _____

Name of Parent/Legal Guardian _____ Signature of Parent/Legal Guardian _____

Date Signed _____

Name of Witness _____ Signature of Witness _____ Date Signed _____