



CHESLEY SADDLE CLUB

MEMBERSHIP APPLICATION

for 2017

PLEASE PRINT CLEARLY and include your fire number, road name and rural route number in your complete mailing address and sign this application form below. Make cheques payable to the Chesley Saddle Club. Send the application and payment to the Treasurer below. Membership cards are no longer being issued. Your signature(s) indicates that you have read and understood this agreement below.

Membership Type: Single \$20. Family \$40 Non Riding Member (Insurance NOT required) \$10.

Note: A Family includes parents and up to 6 immediate family members not over 21. List all family members names not over 21 at the bottom of the application form.

OFFICE USE ONLY
Rec'd \$ _____
Date _____

Correspondence: Mailings will be sent via Email unless otherwise indicated.

PLEASE PRINT CLEARLY

I/we _____ INSURANCE# _____
and _____ INSURANCE # _____
Address _____
City _____ Postal Code _____
Email _____ Phone (_____) _____

I wish to apply for membership for the 12 month period from January 1st to December 31st, 2017 and agree to comply with the club Constitution & Bylaws, Trail Ride Rules and other rules that are set by the club. By my signature below I agree to waive any claims for damage sustained by my horse, equipment or person while participating in any Chesley Saddle Club activities and further agree to hold harmless the Land Owners, while proceeding through their property, Chesley Saddle Club members, its officers or guests. I further agree that the Chesley Saddle Club, its members, officers and land owners are not responsible for the enforcement of Club or Land Owners rules and that any failure to enforce such rules will be deemed not to be negligence on the part of the Chesley Saddle Club, its members, officers or Land Owners. I agree that I am responsible for my own safety and for the safety of my family and that any Chesley Saddle Club activity will be entered into exclusively at my own risk. This also applies to my heirs, executors or assigns. I further state that I have read and understood the above.

Signatures _____ and _____

This application can not be accepted without your signature(s) of agreement for each family member and proof of insurance (CRHRA, OEF or equivalent If not CRHRA or OEF a letter from insurer stating 5 Million dollars liability on your horse(s))

Family - Up to 6 immediate family members not over 19. Please list the names below.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Send payment to: John Pyatt 1029 South Kinloss Ave. Lucknow, ON NOG 2H0 1-519-955-1286
