



CHESLEY SADDLE CLUB
MEMBERSHIP APPLICATION
2018

Please complete all the fillable portions of this application. Print out the application, sign where indicated and mail to the Treasurer (see below) including a cheque payable to Chesley Saddle Club. If you prefer you may e-mail funds to the Treasurer and then Mail the application. An e-mail receipt will be sent upon receipt of funds but 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 those family members names at the bottom of the application form.

OFFICE USE ONLY
Rec'd \$ _____

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

PLEASE PRINT CLEARLY

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

wish to apply for membership for the 12 month period from Januaryst to December 31st, 2018 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 cannot be accepted without your signature(s) of agreement and proof of insurance (OEF or equivalent) for each family member.

Family - Up to 6 immediate family members not over 21. Please list the names below

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

Please send payment to the Treasurer:
John Pyatt
1029 South Kinloss Ave
Lucknow ON N0G 2H0
519-955-1286