



Kawartha Lakes Dressage Association (KLDA)

2015

MEMBERSHIP APPLICATION FORM

Page 1 of 2 (BOTH pages must be completed)
(USE ONE FORM PER MEMBER)

KLDA is a non-profit organization whose purpose is to foster the sport of Dressage by encouraging participation in Competitions, Demonstrations, Lectures and other activities which increase knowledge and understanding of good horsemanship. Membership runs from January 1- December 31.

Membership Information: New Renewal E.C. # _____

Name: _____ OEF # _____
(first) (last)

Street Address: _____ Date of Birth: _____
(Juniors only)

City/Prov: _____ Postal Code: _____

Phone – Home: (____) _____ Fax: (____) _____ Bus: (____) _____

E-mail: _____ Web Site: _____

Would you be interested in volunteering at KLDA shows or functions? _____

Please check here if you do not wish to have any photos of yourself and/or horse(s) used in KLDA publications.

KLDA Membership	KLDA Senior	\$30.00	\$ _____
	KLDA Junior	\$25.00	\$ _____
		TOTAL	\$ _____

Dressage Canada Membership: Memberships may be obtained through the Dressage Canada Website (www.dressagecanada.org)

CADORA Memberships: National memberships may be obtained at www.cadora.ca and Provincial memberships can be obtained at www.cadora.ca/cadora-ontario

Turn over and complete page 2. Both pages must be completed for membership to be accepted.



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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.

<hr/> Signature of Member <hr/> Date	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.
Please Print Name	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. _____ Signature of Parent/Guardian _____ Date
	Please Print Name

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

Mail to: Lynne Milford
281 Lindsay St. South
RR 5
Lindsay ON K9V 4R5

**** All members will receive an email confirmation ****