

COWICHAN DISTRICT RIDING CLUB 2026 MEMBERSHIP FORM

****PLEASE PRINT LEGIBLY**** NO PHOTOGRAPHS****

NAME (1 person per form ONLY) _____

Address: _____ Postal Code: _____

E-mail Address: _____

Phone: _____

Date of birth, if under 18 as of January 1st: _____

HCBC number (obligatory): _____

MEMBERSHIP FEES: \$25.00 single membership or \$50.00 family membership for three or more family members.

Each family member MUST fill out a separate copy of this form **including HCBC number**, birth date for juniors (under 18) and sign waiver.

AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY

I fully understand that horseback riding, driving, handling and grooming of horses and other stable activities are very dangerous. I wish to participate in these activities knowing that they are dangerous. I accept and assume all the risks of injury (including death) to me or to my property. In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against the Cowichan District Riding Club or their owners, officers, directors, members, volunteers, employees, or guests, or any land owners, land holders or other persons making property available to the Cowichan District Riding Club, for any injury (including death), to me or any damage to my property, whether from anyone's negligence or not, or any other cause, arising out of my participation in these dangerous horse riding, horse driving or related activities. I also agree that if anyone makes any claims because of any injury to me (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs because of those claims.

Print name: _____ Date: _____

Signature: _____

Signature of parent or guardian if member under 18: _____

***Membership forms are to be sent to memberships@cowichanhorses.ca only, BUT E-transfers are to be sent to payments@cowichanhorses.ca only (Photographs of membership forms are NOT acceptable)

Please follow this format when completing the payment e-transfer:

- Purpose of the e-transfer (membership, show entry, etc., or a combination)
- Full name of member (if different from the name on the e-transfer) or all members (if for a family membership).

Snail mail membership can mailed to Anita Davey at 2881 Virago Pl, Ladysmith BC, V9G 1C8 and cheques payable to Cowichan District Riding Club

NOTE: your membership is not considered valid until your membership fee(s) has/have been processed and ALL your membership data is validated (name, HCBC # current, etc) – this may affect your entry into shows, clinics, etc. so plan ahead!

*****By joining the club there is an expectation that you will actively volunteer at club shows or functions or provide a friend or family member to do so for you*****