



**Canadian Pony Club**  
**2015 Horsemasters Program Application Form**  
 Page 1 of 2 (BOTH pages must be completed)

FOR JAN 1 - DEC 31, 2015

**WARNING: This document could affect your legal rights and liabilities.**  
**Please read this document carefully.**

**Revisions of any kind to the wording of this document are not permitted.**

It is the responsibility of the applicant to be able to provide PROOF of a valid membership in the Provincial Equine Sport Organization (PSO) of the province of residence AT ALL TIMES while a member of the Horsemasters Program. If at any time, the applicant cannot provide proof of a valid and current PSO membership, their membership in the Horsemasters Program shall be not in good standing. The member must maintain a Branch Associate Membership while in the Horsemasters Program.

**Please print or type all information**

**BRANCH:** \_\_\_\_\_ **REGION:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **USUAL GIVEN NAME:** \_\_\_\_\_

**GENDER: M or F (Please circle one)** **BIRTHDATE:** \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ **MINIMUM 21 YRS OLD WHEN APPLYING**  
 yyyy \ mmm \ dd

To avoid confusion, please enter in the form 2009/Nov/22. Don't use numbers for both the day and month

**STREET & NUMBER:** \_\_\_\_\_

**MAILING ADDRESS: CITY:** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_ - \_\_\_\_ **HOME PHONE (Incl. Area code) :** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**CELL #** \_\_\_\_\_

**Member email:** \_\_\_\_\_

**PSO MEMBERSHIP NUMBER:** \_\_\_\_\_

Each applicant must have an Associate Membership form on file with their Branch. Branch, Regional and National Membership fees must accompany this application. These fees do not necessarily cover the cost of any classes, or training sessions and is at the discretion of the Branch and/or Region.

Do you have a current Equine Canada Sport License? Yes  No

Are you a Parent  Volunteer  or Alumni

Member names and/or photos, but no other personal information, may be used from time to time to publicize the Pony Club, and in the reporting of activity results in various media. A minimum of additional information may be disclosed to the Provincial Sport Organizations solely for the purpose of confirming if our member is or is not a member of that PSO. For full details of our privacy policy, ask your DC or visit our web site at [www.canadianponyclub.org](http://www.canadianponyclub.org)

Date: \_\_\_\_\_

**Member's Signature**

**This page must be signed. Unsigned forms must be returned to the applicant.**



# The Canadian Pony Club

## 2015 Horsemasters Program Application Form

Page 2 of 2 (BOTH pages must be completed)

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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 of the hazards and potential hazards inherent in this sport. I further acknowledge the inherent risks in riding and working around horses, which risks include bodily injury to both horse and rider which can result from normal use, competition or schooling.

In consideration of being allowed to participate, I hereby assume all risk, and I hereby release and absolve the Canadian Pony Club et al, and its affiliated Provincial Club officials, volunteers, Officers, Directors, agents, representatives and employees, and the owners and occupiers of the land upon which the competition/activity is held, from all responsibility, liability or claims of any nature and kind which I may have arising from my participation, including but not limited to bodily injury or death to myself or my horse(s) and damage to property arising from any cause whatever.

I hereby declare that we have reviewed the foregoing Acceptance of Risk paragraphs and have consulted our branch D.C. sufficiently to understand the risks involved in Canadian Pony Club membership and in Regional and National events and activities. I hereby declare that in signing this document I agree to the conditions stated herein and that it is binding upon my executors, heirs and assigns.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

I certify that the above named member has reviewed this document and has had an opportunity to question me for clarification of any items where they were not satisfied that they had a good understanding of the risks. My signature does not indicate any agreement to accept any risks or responsibility related to this member.

This applicant has provided a copy of a PSO membership card which expires on: \_\_\_\_\_  
(copy attached)

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Signature of D.C.

\_\_\_\_\_  
Date (this is the official date of this application)

All members must complete this form immediately upon joining the Horsemasters Program of the Canadian Pony Club (CPC) and upon each renewal of the application. Members who do not submit properly completed Horsemasters Program Application Forms will not be permitted to take part in any CPC activities unless or until the Horsemasters Program Application Form is executed and submitted to the Branch. Members may have reasonable opportunity to seek independent legal advice in advance of executing this Form if desired. If any material information changes during the course of the membership, the member is obligated to advise CPC in writing of the revised information.

Completed forms will be kept on file by the Region and used to confirm that all Horsemasters Program members are aware that there are significant risks involved in working with and around horses and that all Branch and Regional event applicants are aware of the risks involved in competition.