



# MGAC Membership Application

*Please complete form with all information to help keep our records accurate!*

|                                |                    |   |
|--------------------------------|--------------------|---|
| Last Name:                     | First Name:        | DOB: <small>(mm/dd/yy)</small>                              |
| Address:                       | City/Town:         | Postal Code:  |
| Phone - Home                   | Alternate Phone:   | Cell <input type="checkbox"/> Bus: <input type="checkbox"/> |
| Email:                         | Riding Experience: | Games Experience:   |
| Member Referral - Member Name: |                    |   |

**Personal Liability Insurance:** *All riders must have insurance.*

|  |   |
|--|---|
| <b>Name of Insurer:</b><br><b>Policy Number:</b><br><small>By providing my insurance number I am confirming that I have at least \$5 million in Personal Liability Coverage.</small> | <b>Pony Name:</b><br><br>Division : Novice <input type="checkbox"/> Open <input type="checkbox"/> Fossil <input type="checkbox"/> |
|--|---|

**Membership Fee: Please check appropriate box.**

- \$20 Individual Junior *(must be under 18 as of Jan 01 of current riding season)*
- \$30 Individual Adult
- \$50 Family *(immediate family members)*
- Non Riding Volunteer Memberships are **no charge** with signed membership application.

***Please check consent boxes.***

- I consent to my contact information being shared with all MGAC members
- I consent to the use of photographs containing my image to be used by MGAC for communications/promotional purposes

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

Signature of parent or legal guardian required if rider under 18 years of age.

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

|                               |           |
|-------------------------------|-----------|
| <b>Cash / Chq Total Fees:</b> | <b>\$</b> |
|-------------------------------|-----------|

**Members Acceptance of Risk Form**  
**This Document will affect your legal rights and liabilities.**  
**Please read carefully.**

1. I acknowledge that any activity involving horses is high risk including but not limited to:
  - α. The propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.
  - β. The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, or persons or other animals and hazards such as subsurface objects.
  - χ. The potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
2. I acknowledge that I am participating at my own risk and in full knowledge of the hazards and potential hazards inherent in this activity as well as the inherent risks of riding or being around horses including bodily injury, death and /or property damage resulting from normal use, competition, schooling or clinic.
3. In addition to consideration given for my participation, I and my heirs, executors, administrators and assigns agree:
  - **To waive all claims that I might have against**, Mounted Games Across Canada, its members as well as the executive, its directors, officers, officials, members, volunteers and the owners or occupiers of the land(s) upon which this activity is being held ( all of them collectively hereinafter referred to as the "Host"); and
  - **To release the Host from any and all liability** for any loss, damages, injury or expense that I or my legal representatives might suffer as a result of my participation due to any cause whatsoever including any negligence on the part of the Host and
  - **To hold harmless and indemnify the Host** from any and all liability for bodily injury or property damage to any third party which might result from my participation.

I hereby declare that in signing this document I have read and fully understood and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yy)

Parent/Guardian signature if participant is under 18 years of age:

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