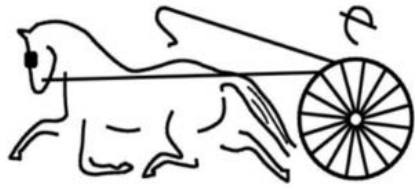


## MEMBERSHIP & WAIVER FORM

VOTING ELIGIBILITY - MUST HAVE BEEN A MEMBER IN THE PREVIOUS YEAR

### MEMBERSHIP TYPE:



**Ontario Carriage Driving Association**

- ☐ Single Adult \$45.00 Must be 18 years of age or older
- ☐ Family \$65.00 Two adults and any children\*
- ☐ Junior\* \$20.00 Date of Birth (DD/MM/YYYY):

(\*18 years of age or younger living in the same household)

### RETURN TO:

Email: baillie.mary15@gmail.com or,  
Mail to: Mary Baillie, Membership, 192 Glenariff Drive,  
Freelton, ON L0R 1K0

### PLEASE INDICATE HOW YOU HAVE PAID:

- ☐ E-transfer to treasury@carriagedriving.com
- ☐ Cheque made payable to Ontario Carriage Driving Association and mailed to the address above

NAME OF MEMBER:

NAMES OF ADDITIONAL FAMILY MEMBERS AND DATE OF BIRTH FOR JUNIORS:

STREET ADDRESS:

CITY:  POSTAL CODE:

EMAIL:  CELL:

### INSURANCE REQUIREMENTS:

All **Canadian** drivers participating in Ontario Carriage Driving Association events including shows, clinics and social drives are required to have an Ontario Equestrian (OE) membership.

OE MEMBERSHIP NUMBER:

### IMPORTANT NOTES: Privacy - PIPEDA

Please be aware that the Ontario Carriage Driving Association is a not-for-profit association with the goal to expand the community of carriage drivers in Ontario by sharing its knowledge and experience through member-centric, high-quality and safe events. As per the requirements of the Personal Information Protection and Electronic Documents Act (PIPEDA), your information is not for rent, lease, or otherwise sold. The information is protected from unauthorized access and use as your privacy is valued. Your information is collected for the express purposes of administering the OCDA membership program, sending newsletters and sundry announcements of interest to the carriage driving community, planning and communicating upcoming events, and publishing to members only, the annual association membership. Completing this form and affixing your signature is clear consent for OCDA to use the information for these purposes.

Voting eligibility – must have been a member in the previous year.

I/we give permission to the Ontario Carriage Driving Association to use photos taken at an event for purposes of publications & postings on the OCDA web site and social media platforms. If otherwise please indicate NO .

SIGNATURE OF MEMBER:  DATE:

THE ONTARIO CARRIAGE DRIVING ASSOCIATION'S 'RELEASE AND ACCEPTANCE OF RISK FORM' IS ATTACHED (PAGE 2). PLEASE SIGN WITH A WITNESS AND FILE ANNUALLY WITH YOUR MEMBERSHIP.

**ONTARIO CARRIAGE DRIVING ASSOCIATION  
RELEASE AND ACCEPTANCE OF RISK FORM**

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES – PLEASE READ IT CAREFULLY.

I am completing and signing this Release and Acceptance of Risk Form in exchange for being permitted to participate in equine carriage driving and riding and other activities organized by or on behalf of the Ontario Carriage Driving Association.

**ACKNOWLEDGEMENT OF RISK:**

I acknowledge that activities involving equine, related equipment and surroundings involve a high risk of injury and/or death, and that the sport of carriage driving and riding, 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 equine, related equipment and surroundings, including but not limited to the risks posed by my equine, other equine, other drivers and riders, my own abilities, equipment, other animals and the terrain being driven. I further acknowledge that there is a risk that an accident could occur and result in serious injury or death to me, other people and my equine or in serious damage to property. I acknowledge that I am responsible or my own safety during my participation in Ontario Carriage Driving Association activities, and that no one else who is participating in these activities has a responsibility to protect me.

**RELEASE AND ACCEPTANCE OF RISK:**

In consideration of being allowed to participate, I hereby assume all risk, for myself, my heirs, guardians, and legal representatives. I grant a full and final release to, and agree not to make or bring any claim of any kind against the Ontario Carriage Driving Association, its officers, directors, members, employees, volunteers, guests, any land owners, land holders or other persons making property available to the Ontario Carriage Driving Association and all of their successors and assigns, for any injury, including death, to me or any damage to my property, or to the property of others in my care, custody or control, whether from anyone's negligence or not, or any other cause arising out of my participation in these dangerous carriage driving and riding and other activities scheduled now or in the future.

**I CONFIRM:**

- That this Release and Acceptance of Risk is intended in part for the benefit of the third parties listed above, who, despite not being signatories to this Release and Acceptance, are entitled to rely upon and enforce this Release and Acceptance as though they were contractual parties to it.
- This Release and Acceptance applies not only to my participation in activities on or about the day it is signed, but also to my participation in carriage driving and riding and other activities organized by the Ontario Carriage Driving Association during the current membership year.

**SIGNATURE REQUIRED BY BOTH PARENTS AS APPLICABLE**

☐ I hereby declare that I am of legal age and have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my heirs, executors and assigns.

OR

☐ I am under the age of 18 years. **My parent or guardian has also signed where indicated below.**

☐ By signing this document I agree that OCDA may use photographs of those addressed in this release for OCDA's purposes. I also understand that it is my responsibility to have obtained adequate insurance coverage.

PARTICIPANT'S NAME: \_\_\_\_\_ PARTICIPANT'S SIGNATURE: \_\_\_\_\_

ADDRESS (if different than member) \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT# \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE (AS APPLICABLE)**

☐ I am the parent or guardian of the participant, who is under or over the age of 18 years of age where a Guardian is required. I have read and fully understand and agree to the terms and conditions stated above, as they relate to the participant, and I agree on behalf of the participant that the terms and conditions are binding upon the participant and the participant's heirs, executors and assigns. My signature below and submission of this document signifies my intention to grant the Release and Acceptance of Risk described above on behalf of the participant, and I acknowledge the risks to the participant described above.

☐ By signing/submitting this document I agree that the OCDA may use photographs of those addressed in this release for OCDA's purposes. I also understand that it is my responsibility to have obtained current and adequate insurance coverage.

PARENT/GUARDIAN NAME: \_\_\_\_\_ WITNESS BY: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_