



~ where driving begins ~

TRI-COUNTY CARRIAGE ASSOCIATION

Invites Tri-County Carriage Members and Friends
To a Social Drive at

Stonehaven Farms

Location Stonehaven Farms
2975 Pine Point Rd.
Port Perry, Ont. L9L 1B4

Information & RSVP David & Lynda Davies
Email manorfencing@hotmail.com and Cell 519.829.5849

Date Saturday Sept 17, 2022 OR Sunday - Rain Date Sept 18, 2022

Time Arrival 10:00 am or later for positioning your trailers and equipment to establish safe distancing

Beverage & Lunch Bring your own beverages, lunch, chairs and supplies for the duration

Fee \$30 per driver, participation confirmed via phone or email by Thursday September 15, 2020 to manorfencing@hotmail.com

Payment Options

On-line through Etransfer PayPal (with credit card)
treasurer@tricitycarriage.com
Cheque payable to Tri-County Carriage Association
c/o Jean McLean, 26 Elodia Court, Hamilton ON L9C 7R2
Cash *Only if necessary*

Membership forms & waivers attached and available at
www.tricitycarriage.com and membership@tricitycarriage.com

Information contact

David & Lynda Davies Email: manorfencing@hotmail.com Cell: 519.829.5849

REQUIRED

- TCCA 2022 Waiver
- Insurance proof presented through:
 - ✓ OE membership OR
 - ✓ Current and equivalent Liability Insurance
 - ✓ Send proof prior to event by September 15
 - ✓ Responsibility of each attendee
 - ✓ **All** participants must sign in with phone number including volunteers & helpers

SAFETY

- ✓ Helmets mandatory by everyone on a carriage
- ✓ Juniors must wear body vests
- ✓ NO vet and harness check – you are responsible
- ✓ personal distancing at all times
- ✓ masks mandatory if socializing with anyone outside your bubble & if you are riding in/on someone's carriage that is not in your bubble
- ✓ **NB - COVID practices in effect**

This opportunity is an excellent opportunity to train your equine while adhering to COVID requirements and safety practices.

- **X-Country, Obstacles, Dressage ring and cones are set and ready for your enjoyment**
- **Your choice of course**
- **Warm stress-free supportive environment**

PLEASE MAINTAIN PERSONAL DISTANCING AT ALL TIMES AND ENJOY THE DAY!!!

Confirm Participation via email – cecilpring@gmail.com

Volunteers and photographers welcome. Please check-in With David and Lynda Davies.



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MEMBERSHIP FORM

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

- Individual \$35.00
- Family \$40.00
- Farm \$80.00
- Youth* \$25.00

(*21 years of age or under as of January 01, 2022)

Payment by either of these three methods:

- PayPal (credit card payment)
- E-transfer to **treasurer@tricitycarriage.com**
- mail cheque payable to Tri-County Carriage Association c/o Karen McCrea – address below

MEMBERSHIP TYPE

FARM

Family Membership +
four named Farm Drivers
given below

Single

Family

- # Of Youths
- # Person(s) with disability

Youth only

***Member - Primary Adult**

***MEMBER - SECONDARY ADULT**

name first & last

name first & last

***Farm / Business Name**

*Address

City

Postal Code

*EMAIL

*Telephone

Cell

*** ADDITIONAL FAMILY MEMBERS** & their 2 children; children to be 21 years of age or under as of January 1, 2021 - family address)

1. 2.
Name first & last age of child Name first & last age of child

FARM DRIVER(S) *#1 _____ **#2** _____
#3 _____ **#4** _____
Names - first & last of each person

*Farm Category attached to a family membership for the year.

Each person listed may drive only equines owned by the assigned Family Member and are not interchangeable within a membership year.

INSURANCE REQUIREMENTS

From the 1st of January 2017 forward, all **Canadian** drivers participating in Tri-County Carriage Association's events including shows, clinics and social drives are required to produce proof of 'current' liability insurance coverage of a minimum of \$2,000,000.00 (two million dollars) or an Ontario Equestrian (OE) membership. **All others** bear the responsibility to ensure they have adequate and current insurance coverage.

ONTARIO EQUESTRIAN (OE) Member #

OR NAME OF INSURANCE PROVIDER

Important Notes

* Privacy - PIPEDA

Please be aware that TCCA is a not-for-profit association with the goals of promoting opportunities to enjoy driving, collecting (preserving/restoring/maintaining) equine drawn vehicles of all types, support worthwhile activities for driving members, provide education and to encourage family participation. 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 TCCA membership program, send newsletters and sundry announcements of interest to the carriage driving community, plan and communicate upcoming events, and publish to members only, the annual association membership. Completing this form and affixing your signature is clear consent for TCCA to use the information for these purposes.

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

*I/we give permission to Tri-County Carriage Association to use photos taken at an event for purposes of publications & postings on the TCCA web site and Facebook. If otherwise please indicate YES _____ NO _____.

Please complete this portion to provide the Board of TCCA with a better understanding your needs.

***SIGNATURE OF PRIMARY MEMBER** _____ **DATE** _____
TRI-COUNTY CARRIAGE ASSOCIATION'S 'RELEASE AND ACCEPTANCE OF RISK FORM' IS ATTACHED (PAGE 2).
PLEASE SIGN WITH A WITNESS AND FILE ANNUALLY WITH YOUR MEMBERSHIP.

(www.tricitycarriage)

[revised February 2022]

RETURN TO:

membership@tricitycarriage.com or Mail to:
 Karen McCrea, Membership POC
 129 Duke Street - Upper, Parkhill ON N0M 2K0
 Phone 519-494-5228

**TRI-COUNTY CARRIAGE ASSOCIATION
RELEASE AND ACCEPTANCE OF RISK FORM FOR 2022**

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 Tri-County Carriage 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 for my own safety during my participation in Tri-County 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 Tri-County Carriage Association, its officers, directors, members, employees, volunteers, guests, any land owners, land holders or other persons making property available to the Tri-County Carriage 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 or related 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 Tri-County Carriage 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 TCCA may use photographs of those addressed in this release for TCCA'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 PRIMARY 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 TCCA may use photographs of those addressed in this release for TCCA'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** _____

[revised February 2022]

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