



~where carriage driving begins~

MEMBERSHIP & WAIVER 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)

RETURN TO:

membership@tricountycarriage.com
 Karen McCrea, Membership POC
 129 Duke Street - Upper, Parkhill ON N0M 2K0
 Phone 519-494-5228

Payment by either of these three methods:

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

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
	<input type="checkbox"/>		<input type="checkbox"/>

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.

TRI-COUNTY CARRIAGE ASSOCIATION
RELEASE AND ACCEPTANCE OF RISK FORM
(www.tricountycarriage)

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** _____