

WESTERN ONTARIO TEAM CATTLE PENNING ASSOCIATION

2020 Membership Form

ADULT \$40.00 _____ YOUTH (13-16 YRS) \$15.00 _____ CHILD (UNDER 12 YRS) NO CHARGE

FAMILY RATE \$80.00 _____ (Please complete and sign a form for EACH family member)

Please complete and return your membership application(s) to:

Jennifer Elston
364 Shuter St, PO Box 1274, Wingham, Ontario 519-357-1186

Please make cheques payable to: Western Ontario Team Cattle Penning Association

NAME: _____ RATING # _____

ADDRESS: _____

CITY: _____ PROV _____ POSTAL CODE _____

BIRTHDATE: _____ (IF YOUTH)

TELEPHONE:(_____) _____

E-MAIL: _____

How did you hear about us:

SOCIAL MEDIA

FRIEND

THE RIDER newspaper

I, the undersigned, acknowledge that competition through the WESTERN ONTARIO TEAM CATTLE PENNING ASSOCIATION involves an inherent risk of injury and accordingly, I hereby release the WESTERN ONTARIO TEAM CATTLE PENNING ASSOCIATION and its officers, members, agents, employees, representatives, Blair Bieman, TJ and Vanessa Marks, Jairus Maus, and Jim and Wendy DeGroot, The Reach – Clinton, any and all of them, from all claims, demands actions or causes of action, of any kind of nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue in favor of me, my heirs, representatives or dependents, including any loss of property, animate or inanimate, belonging to me or used by me and I/We hereby assume and accept the full risk of all danger or any hurt, injury, or damage or loss which may occur through or by reason of any matter, thing, or condition, negligence or default, of any person, during my involvement on this activity. I acknowledge that I have no pre-existing medical conditions that will prevent me from safely participating in this activity. Some of all of such information as members name, phone number, rating, points or dollars earned, photographs or video or print references may be disclosed. All or some of this information may be used for promotional purposes, as well as being released to newspapers, social media, radio and television, magazines or through press releases.

Please sign only after reading the "RELEASE AND WAIVER"

MEMBER'S SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

ON BEHALF OF (name of minor): _____

DATE: _____ I agree that I am fit and healthy to be participating in this event. I certify that I have no medical restrictions or know of any other reason that I should not be able to participate in this event and I take full responsibility for my own health and wellness.

Initials