

**2020 Central Alberta Team Penning Association (CATPA)**

and

**2020 Canadian Team Cattle Penning**

**Association (CTCPA) Membership Application**

Submit form to:  
CATPA  
Box 575, Red Deer, AB, T4N 5G1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Post? Y N

Phone number to be posted on web member list: ( \_\_\_\_\_ ) \_\_\_\_\_

Previous CTCPA Rating: \_\_\_\_\_ Year \_\_\_\_\_

New Member?	<input type="checkbox"/>	Renewal?	<input type="checkbox"/>
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Birth Date if Youth: \_\_\_\_\_

**\*\* If you are a former member of CTCPA (Canadian Team Cattle Penning Association) the completion of the classification form is no longer necessary. NEW MEMBERS MUST however also complete a Canadian classification form as well as this CATPA form \*\***

*We will not release, post or distribute other personal information such as your address, email address, age, birth date, banking information, credit card information or any other personal information other than that referred to in the above consent.*

**Please note if you are sending in a family membership - EACH MEMBER of the family must fill out and sign the “Membership Application ” and the “Release and Waiver” contained therein.**

**MEMBERSHIP FEES**

*Adult CATPA membership dues received after February 28<sup>th</sup>, 2020 are \$25.00 more.*

**VOLUNTEER LEVY: This will take the form of a \$125 separate cheque from each adult member, post dated for August 2020.** Those members who have volunteered for specific tasks at the shows, for approximately 2 hours on 2 occasions (approximately 4 hours), will have their cheques returned. If the member has not volunteered, the cheque will be cashed. There is also a place on the form to communicate that you do not wish to volunteer at all, at which time you can date your cheque with the current date and it will be cashed. Please feel free to contact any of the board members if you have questions or concerns.

CATPA dues 2020	Rate	# of members	Total	
Adult Fees Received Before 28 Feb 2020	\$30.00			
Adult Fees Received After 28 Feb 2020	\$55.00			
Senior Youth	\$10.00			
Junior Youth	No charge			
<b>Volunteer Levy (separate check Please) Post Dated</b>	\$125.00			
	<b>TOTALS:</b>			
<b>CTCPA dues 2020</b>				<b>Prior Paid CTCPA, indicate Association and date paid</b>
Adult	\$40.00			
Senior Youth	\$10.00			
Junior Youth	No charge			
Extra Rating Tag(s) (Above the 1 included with membership)	\$5.00			
<b>Payable to CATPA</b>	<b>TOTALS:</b>			
Senior Youth 13 to 16 as of Jan 01, 2020				
Junior Youth less than 13 on Jan 01, 2020				

Fill out the appropriate page(s) for each member if you are including more than one member in this application.

## Volunteer Form

There will be a Volunteer Sign-up Sheet posted Friday night during each show set up. You are welcome to sign up for any of the options to put toward your 2020 volunteer time.

Each show will have the following jobs, but not limited to, available for sign up:

- Show Set Up
- Show Take Down
- Herd Settling
- Numbering (if applicable)
  - Gate
  - Trash pick up
  - Manure pick up
- Sponsorship (please speak to a director for details)
  - Riding with Junior Youth teams

**If you do not wish to volunteer and wish to donate your  
levy fee,  
Please check here \_\_\_\_\_, and do not post date your check.**

By signing here I understand I need to volunteer my time at a minimum of 1 Show in order to have my levy cheque returned.

Signature x \_\_\_\_\_

Print Name x \_\_\_\_\_

Date \_\_\_\_\_

# ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants **Over the Age of Majority** in the Province or Territory in which the Equine Activities are Provided by the Host

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

## Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of: \_\_\_\_\_

\_\_\_\_\_, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips and riding instructions provided by the "Host" to the Participant.

### Initial Each Item below after Reading and Understanding each item:

- I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
  - 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;
  - the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
  - 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.
- I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".
- I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
- In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of \_\_\_\_\_ kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
  - to waive all claims that I have or may have in the future against the "Host";
  - to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
  - to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
- I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
- I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

### Please Print Clearly

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Participant) Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

~~(Print Name of "Host" Witness to Signing and Initialing)~~ \_\_\_\_\_

\_\_\_\_\_  
(Signature of "Host" Witness) Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**SAFETY EQUIPMENT ACKNOWLEDGMENT AND RELEASE FORM**  
**(For Participants Over the Age of Majority)**

**Please Print Clearly**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal \_\_\_\_\_

**No person riding without a helmet designed for equine activities will be allowed to participate in equine activities prior to reading and signing this form.**

**TO:** \_\_\_\_\_,  
their directors, employees, (Name of Person, Organization or Company providing the Equine Activities)  
officers, volunteers, business operators, and site property owners, (all of them collectively called the HOST):

**ACKNOWLEDGMENTS AND STATEMENTS OF PARTICIPANT**

**Initial each item below After Reading and Understanding the item.**

- \_\_\_\_\_ **1) I Understand the RISKS** inherent in equine activities as evidenced by the separately signed Acknowledgment of Risk and Release of Liability Form on file with the "Host".
- \_\_\_\_\_ **2) I Understand** wearing proper safety equipment may reduce injury even though no amount of preplanning can remove all the **DANGERS, HAZARDS, and RISKS** of equine activities.
- \_\_\_\_\_ **3) I have Freely Decided to ride without wearing a helmet** designed for equine activities which might prevent permanent brain damage in the event of an accident.
- \_\_\_\_\_ **4) I have Refused Critical Safety Equipment** for equine activities against the advice of the "Host".
- \_\_\_\_\_ **5) I Fully Assume all additional DANGERS, HAZARDS, and RISKS** to which my decision to ride without a helmet might expose me.
- \_\_\_\_\_ **6) I Understand that signing this form Waives certain Legal Rights** I might have against the "Host".

**Before signing this form I read it** (as indicated by my initials above) **and I state that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our "Legal Representatives" might have against the "HOST".**

SIGNED This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Participant)

**Do Not Sign until you Understand All Items Above**

\_\_\_\_\_  
(Print HOST Name Witness to Signing & Initialing)

\_\_\_\_\_  
(Signature of HOST Witness)

