

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 28th, 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			
Volunteer Levy (separate check Please) Post Dated	\$125.00			
	TOTALS:			
CTCPA dues 2020				Prior Paid CTCPA, indicate Association and date paid
Adult	\$40.00			
Senior Youth	\$10.00			
Junior Youth	No charge			
Extra Rating Tag(s) (Above the 1 included with membership)	\$5.00			
Payable to CATPA	TOTALS:			
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.

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Under 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!

The Parent/Guardian Must Read and Understand this Waiver Prior to Infant 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 on behalf of the Infant Participant named below with and for the benefit of: _____

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

Initial Each Item below after Reading and Understanding each item:

1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that his waiver be binding on myself and the Infant Participant for all legal purposes.
2. I am aware that there are inherent dangers, hazards and risks ("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:
 - (a) 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;
 - (b) 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; and
 - (c) 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.
3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
4. 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 on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
 - (a) to waive all claims that the Infant Participant has or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" 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
 - (c) 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 the Infant's participation in "Equine Activities".
6. 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".
7. 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 the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

Please Print Clearly

Infant Participant's Name _____ Date of Birth _____
Address _____ City _____ Province _____ Postal _____
Parent/Guardian's Name _____ Date of Birth _____
Address _____ City _____ Province _____ Postal _____
Phone # (_____) _____ Email: _____

(Signature of Parent/Guardian of Infant Participant) Signed this _____ day of _____, 20____

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

(Signature of "Host" Witness)

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

Please Print Clearly

Infant Participant's Name: _____ Date of Birth: _____

Infant's Address: _____ City _____ Prov. _____ Postal _____

Parent/Guardian Name: _____ Date of Birth: _____

Parent/Guardian 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.

Parent/Guardian must Read and Understand prior to the Infant Participating in Equine Activities

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 PARENT/GUARDIAN

Initial each item below After Reading and Understanding the item.

- _____ **1) I am the Parent or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent or guardian with the **intent this Form Is To Be Binding on Myself and the Infant Participant for All Legal Purposes.**
- _____ **2) 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".
- _____ **3) I Understand** injury may be reduced by wearing proper safety equipment and that no amount of preplanning can remove all the **DANGERS, HAZARDS, and RISKS** of equine activities.
- _____ **4) I have Freely Decided** to allow the infant Participant to ride without wearing a helmet designed for equine activities which might prevent permanent brain damage in the event of an accident.
- _____ **5) I have Permitted the Refusal of Critical Safety Equipment** against the advice of the "Host".
- _____ **6) I Assume Full Responsibility for all additional DANGERS, HAZARDS, and RISKS** of injury my decision to permit riding without a helmet might expose the infant Participant.
- _____ **7) I Agree to HOLD HARMLESS and INDEMNIFY** the "Host" from any and all liability for injury resulting from the infant Participant riding without a helmet designed for equine activities.
- _____ **8) I Understand that signing this form Waives certain Legal Rights** that I or the infant Participant 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 Parent/Guardian)

Do Not Sign until you Understand All Items Above

(Print HOST Name Witness to Signing & Initialing)

(Signature of HOST Witness)