South Coast Miniature Horse Connection Membership 2023

PLEASE PRINT

Adult Name(s)					
Youth Name:			Age:	D; M; Y	
Youth Name:			Age:		
Youth Name:			Age:		
Youth Name:			Age:		
Street Address:					
City, Province, Postal C	ode:				
Home Phone:		Cell Phone:			
Email Address:					
Members under 10 years	s of age must be	accompanied by an add	ult membershi	p in good standing.	
Youth is defined as bein	ng 17 years of age	and under.			
Annual Membership Fee	e: \$25.00 each.	Membership expires De	cember 31st.		
Horses Owned:	YES	NO			
I/WE, minimum of \$2,000,000. (Two Million Dollars	hereby declare to that covers any liability	hat I/We have a that might incu	a current liability insuran or at club activities for th	ce policy of a e current year.
Liability Insurance is wi	th:				
I/WE,are current on their Rabie Regulation 567.		hereby guarar equired under the Ontario			
Proof of Insurance and I horse(s) are present.	Rabies Vaccinatio	on maybe required, thus	must be availal	ole at all SCMHC events	s were my
Indemnification Agreem owners and staff of any cl by, any owner/exhibitor or destroyed while on such p control and shall indemnif of every kind arising from agreement form shall be conder this membership, from event post submission of participants must prove control and staff of the control and shall be control and shall b	hosen venue will now their equine/animoroperty. Each owe you and hold harmlest accident, injury or deemed acceptance on participation in this form signifies you	ot be responsible for any als while on event proper ner/exhibitor shall be responsible to SCMHC and afore damages caused by their e of the above and failure any club event. In the cayour acceptance of this a	accident, or darty, nor will they ponsible for the said staff and waselves or their eto submit this ase of on-line su	amages that may occur, be responsible for any equines under their custenue against all claims requine/animals. Subm form will disqualify you, ubmission your participa	or be caused article lost or stody or and expense ission of this , or those ation in any
Signature: Parents Signature for Yo			Date:		

Please email/mail membership form and payment # members @ \$25.00 each to:

e-transfer to Wendy Strong, Treasurer – <u>wendy@stronghorses.com</u>

OR mail cheque payable to **South Coast Miniature Horse Connection**, c/o Wendy Strong, Treasurer, 718 Port Maitland Rd, Dunnville, Ontario, N1A 2W6