

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 Code: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Members under 10 years of age must be accompanied by an adult membership in good standing.

Youth is defined as being 17 years of age and under.

Annual Membership Fee: \$25.00 each. Membership expires December 31st.

Horses Owned: YES NO

I/WE, _____ hereby declare that **I/We** have a current liability insurance policy of a minimum of \$2,000,000. (Two Million Dollars) that covers any liability that might incur at club activities for the current year.

Liability Insurance is with: _____

I/WE, _____ hereby guarantee that all my/our horses attending SCMHC events are current on their Rabies Vaccination as required under the Ontario Health Protection and Promotion Act R.R.O 1990, Regulation 567.

Proof of Insurance and Rabies Vaccination maybe required, thus must be available at all SCMHC events were my horse(s) are present.

Indemnification Agreement: The South Coast Miniature Horse Connection (SCMHC), its executives, volunteers, and owners and staff of any chosen venue will not be responsible for any accident, or damages that may occur, or be caused by, any owner/exhibitor or their equine/animals while on event property, nor will they be responsible for any article lost or destroyed while on such property. Each owner/exhibitor shall be responsible for the equines under their custody or control and shall indemnify and hold harmless the SCMHC and aforesaid staff and venue against all claims and expense of every kind arising from accident, injury or damages caused by themselves or their equine/animals. Submission of this agreement form shall be deemed acceptance of the above and failure to submit this form will disqualify you, or those under this membership, from participation in any club event. In the case of on-line submission your participation in any event post submission of this form signifies your acceptance of this agreement with or without a signature. Youth participants must prove consent of parent or legal guardian.

Signature: _____ **Date:** _____

Parents Signature for Youth Members: _____

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

e-transfer to Wendy Strong, Treasurer – membership@scminihorseconnection.ca

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