



NAME: _____

ADDRESS: _____

CITY & PROVINCE: _____

POSTAL CODE: _____ PHONE NUMBER: _____

EMAIL: _____

INSURANCE NAME: _____

POLICY NUMBER: _____ EXPIRY DATE: _____

Please attach a copy of proof of liability insurance for administrative purposes prior to penning with OVTPA.

Membership Fee: \$20.00 One Day () \$40.00 Individual () \$60.00 Family ()

****NOTE**** Family membership is for children under the age of 18 years. Once a child is over 18 years as of January 1st it is his/her responsibility for an individual membership.

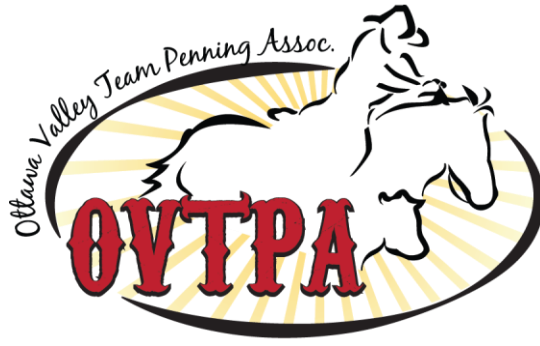
Please make cheque payable to
OTTAWA VALLEY TEAM PENNING ASSOCIATION (O.V.T.P.A.)
Return to: Erin Carnegie
1605 Forest Lea Road., Pembroke, Ontario K8A 6W6

I request to be enrolled in and to participate in Team Penning activities with the Ottawa Valley Team Penning Association, commencing on or after the date below. I fully understand that horseback riding and cattle related activities are very dangerous activities. I wish to participate in these activities knowing they are dangerous. I accept and assume all the risks of injury (including death) to me or my property. I also understand that while participating in this high-risk sport, it is recommended that I wear a helmet with a fixed harness while mounted. By not wearing a proper safety headgear, I fully accept all responsibilities for my action.

In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against The Ottawa Valley Team Penning Associations, it's officers, directors, instructors or other volunteers, for any injury (including death), to me or to any damage to my property whether from anyone's negligence or not, or any other cause, arising out of my participation in these dangerous clinics, and Team Penning events, or related activities: and I also agree if anyone makes any claims because of any injury to me (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs because of those claims.

SIGNATURE: _____ DATE: _____

SIGNATURE OF GUARDIAN IF UNDER 18 YEARS: _____



PHOTO/VIDEO RELEASE FORM

I hereby give permission to the Ottawa Valley Team Penning Association to use images of myself or my child(ren) captured during Association events through video or photograph (film or digital) to be used solely for the purposes of Ottawa Valley Team Penning Association promotional material, including the web site, and waive any rights of compensation or ownership thereto.

I DO NOT give permission to the Ottawa Valley Team Penning Association to use images of myself or my child(ren).

NAME OF PARTICIPANT(S) (please print)

NAME OF PARENT / GUARDIAN (if child is under 18 years) (please print):

SIGNATURE: _____ **DATE:** _____