



1/2009

ONTARIO TRAIL RIDERS ASSOCIATION MEMBERSHIP APPLICATION

Please Print

New [] Renewal []

Name _____ O.E.F. # _____

Address _____ City/Town _____ Postal Code _____

Home Phone (_____) _____ Insurance Policy # _____

Can we share your information with other members Y N email: _____

Where did you hear of OTRA? FRIENDS PAPER INTERNET FAIRS/BOOTHS OTHER _____

Type of Membership: **Single** [] **Family** [] **Club/Assoc** [] Number of members _____

If family membership, please list names and relationship to you:

	1 Year	3 Year	5 Year
Single	\$25	\$65	\$105
Family	\$35	\$85	\$135
Club	\$50	\$135	\$210
<i>No refunds. Please make Cheques payable to: Ontario Trail Riders Association</i>			

Can you volunteer with the following:

- Trail Development []
- Promotions []
- Newsletter []
- Become a Director? []
- Become an Area Representative? []
- Host an OTRA Trail Ride []

RELEASE AND INDEMNITY AGREEMENT

(This must be read and signed)

In consideration of being accepted as a member of, and being permitted to participate in the activities of The Ontario Trail Riders Association, Inc. (OTRA), **I HEREBY RELEASE AND FOREVER DISCHARGE OTRA**, its officers, directors, servants, agents and representatives from any and all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or in equity, in respect of death, injury, loss or damage to my person or property, however arising as a result of my participation or my children's participation in any OTRA program, function or activity. This release includes the release of any liability which may arise by reason of any negligence, error or omission on the part of the aforesaid. I declare that this release is binding upon me, my heirs, executors, administrators and assigns. **I FURTHER UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY** all the aforesaid from and against any and all liability incurred by any or all actions arising as a result of my children's participation in the OTRA activities.. I warrant that I am at least 18 years of age, physically fit to participate in OTRA activities and that my horse and equipment are sound and fit and suitable for the intended use in such activities. **BY SIGNING THIS AGREEMENT, I HEREBY AGREE TO THE ABOVE RELEASE AND INDEMNITY.**

I ACKNOWLEDGE HAVING READ, AND UNDERSTOOD THIS RELEASE AND INDEMNITY AGREEMENT

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

******(For family application, all participants must be listed and all participants must sign. For applicants under 18, a parent or guardian must sign)

Send to Ontario Trail Riders Association, P.O. Box 3038 Elmvale, ON L0L 1P0

www.otra.ca