



OTRA Membership Application

Please PRINT clearly and send with cheque to: **Ontario Trail Riders Association, 9045 20th Sideroad Tosorontio, Lisle, ON, L0M 1M0**

Name _____ Phone _____ Email _____

Address _____ City _____ Prov ____ Postal Code _____

Insurance Company [] OE [] ACERA [] CRHRA Policy # _____

Can we share your information: Y [] N [] Type of Membership (Jan 1 – Dec 31): Single \$30 [] Family** \$50 []

**max 2 adults and their children under 18 years of age. Please, list each additional family member's full name & insurance information below or separately. All participants must sign. For applicants under 18, a parent or guardian must sign.

Can you volunteer with the following: [] Director [] Ride Host [] Regional Rep [] Trail development [] Promotions

[] Fundraising [] Other _____

RELEASE AND INDEMNITY AGREEMENT (This must be read & signed)

In consideration of being accepted as a member of, and 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, it's 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 foresaid. 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 or 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

Print Name Signature Date (y/m/d)

Additional Name/Relationship Signature Date (y/m/d) Insurance / Policy #

Additional Name/Relationship Signature Date (y/m/d) Insurance / Policy #

Additional Name/Relationship Signature Date (y/m/d) Insurance / Policy #

Additional Name/Relationship Signature Date (y/m/d) Insurance / Policy #