Alberta Mounted Shooters Association

2025/2026 MEMBERSHIP FORM

NOTE: Membership applications will be reviewed by the Board. All members are expected to actively participate in Club functions and to comply with applicable insurance and gun regulations.

AMSA MEMBERSHIP: **Renewal ____ New ____**

Individual ……	$ 70.00	_____
Each additional family member (includes 18 to 21 yrs. living at home)	$ 35.00	_____
17 yrs. and under ……..	$ 5.00	_____

Memberships are valid for a 12-month period, November 1 – October 31 **TOTAL DUE** _____

Membership Information

Full Name: _____ AMSA # _____
Date of Birth: _____ Age:_____ Male _____ or Female _____
Mailing Address: _____
City: _____Prov:_____ Postal Code: _____
Phone # (____) - _____ Cell # (____) - _____
Contact E-Mail: _____
Physical Address (If different): _____
_____
Restricted PAL #: _____ RPAL Expiry Date:_____
Alberta Equestrian Membership: _____
LSD:_____- _____ - _____ - _____ - W_____ (only required if you are practising at home)
CMSA #: _____ Level: _____

Additional family members

Full Name: _____ AMSA # _____
Date of Birth: _____ Age:_____ Male _____ or Female _____
Phone # (____) - _____ Cell # (____) - _____
Contact E-Mail: _____
Restricted PAL #: _____ PAL Expiry Date: _____
Alberta Equestrian Membership: _____
CMSA #: _____ Level: _____

Full Name: _____ AMSA # _____
Date of Birth: _____ Age:_____ Male _____ or Female _____
Restricted PAL #: _____ PAL Expiry Date: _____
Alberta Equestrian Membership: _____
CMSA #: _____ Level: _____

Please purchase your CMSA membership through the CMSA office or www.cmsaevents.com
All AMSA event participants must have an Alberta Equestrian Federation membership.
Memberships can be purchased online www.albertaequestrian.com or by calling the toll-free 1-877-463-6233.

Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement

PLEASE READ CAREFULLY

By signing this document, you **WILL WAIVE** certain legal rights, **INCLUDING** the Right to Sue.

AWARENESS AND ASSUMPTION OF RISK

I am aware that the MOUNTED SHOOTING SPORT of recreation of HORSEBACK RIDING and HORSE SHOW PARTICIPATION involves many inherent risks, and that horses and riders, regardless of training and past behaviour, may act or react unpredictable at any time based on many factors including instinct of fright. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS (BOTH LEGAL AND PHYSICAL), danger and hazards, both known and unknown, and the possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from them. Included in the risk are negligence on the part of Alberta Mounted Shooters Association, its directors, officers, officials, members and volunteers, other participants and owners of the facilities when the activities occur (referred to in the rest of this agreement as "**ALBERTA MOUNTED SHOOTERS ASSOCIATION" and others).**

RELEASE OF LIABILITY, WAIVER OF CLAIM AND INDEMNITY AGREEMENT

In consideration of **Alberta Mounted Shooters Association accepting my application to participate in this activity, I agree:**

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against **Alberta Mounted Shooters Association and others.**
2. TO RELEASE ALBERTA MOUNTED SHOOTERS ASSOCIATION AND OTHERS FROM ANY AND ALL LIABILITY for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care.
3. TO HOLD HARMLESS AND INDEMNIFY ALBERTA MOUNTED SHOOTERS ASSOCIATION AND OTHERS from any and all liability for any damages to the property of, or personal injury to, any other person third party, resulting from my participation in this activity, or use of facilities and services.
4. That the agreement is binding not only myself but my next of kin, heirs, executors, administrators and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. IN ENTERING INTO THIS AGREEMENT, I AM NOT RELYING UPON ANY ORAL OR WRITTEN REPRESENTATION OR STATEMENTS MADE BY "ALBERTA MOUNTED SHOOTERS ASSOCIATION AND OTHERS", OTHER THAN WHAT IS SET FORTH IN THIS AGREEMENT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AN ASSIGNS MAY HAVE AGAINST "ALBERTA MOUNTED SHOOTERS ASSOCIATION AND OTHERS".

Personal Information Release & Waiver **-** This organization is committed to the protection of the privacy of its members' personal information. "Personal information" includes a member's name, phone number, e-mail address, ranking, dollars earned; points earned, photographs, video and print reference. Such personal information may be disclosed on the Alberta Mounted Shooting website or affiliated websites. All and some of this information may also be used for promotional purposes, as well may be released to newspapers, radio, television stations, and magazines and through press releases. By becoming a member of this organization, I consent to the collection, use and disclosure of the foregoing personal information as set above.

Signed this _____day of _____, 20_____

_____ _____

_____ _____

_____ _____

Signature of Applicants/Participants Printed Name of Applicants/participants

MINOR CONSENT FORM:

Hereby consent to the entry of my child _____ to participate in this activity and certify that I have read the foregoing representation and statements, fully understand and hereby accept responsibility thereunder for the participation of the said **minor**.

_____ _____ _____

Signature of Parent/Guardian Signature of Witness Printed Name of Witness

Email membership forms or any questions regarding membership to:
amsashooterentries@gmail.com
Payment can be sent via e-transfer to: amsashooterentries@gmail.com
Or by cheque – made payable to **Alberta Mounted Shooters Association**