



Alberta Mounted Shooters Association

2020/2021 MEMBERSHIP FORM

AMSA MEMBERSHIP: Renewal New

Individual .....	\$ 50.00	_____
Each additional family member (includes 18 to 21 yrs. living at home).....	\$ 25.00	_____
17 yrs. and under .....	\$ 5.00	_____

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

Please purchase your CMSA membership through the CMSA office or @ cmsaevents.com

All AMSA event competitors must have an Alberta Equestrian Federation membership. Memberships can be purchased on-line @ <http://www.albertaequestrian.com/Memberships> or by calling the toll-free number 1-877-463-6233.

Membership Information

Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ AMSA # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex Male or Female  
Address: \_\_\_\_\_  
City/Prov: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Phone # (\_\_\_\_) - \_\_\_\_\_ Cell # (\_\_\_\_) - \_\_\_\_\_  
E-Mail or text: \_\_\_\_\_  
Restricted PAL # \_\_\_\_\_ PAL expiry date \_\_\_\_\_  
LSD \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - W \_\_\_\_\_ (only if you are practising at home)  
Alberta Equestrian Membership \_\_\_\_\_  
CMSA # \_\_\_\_\_ Level \_\_\_\_\_

Additional family members

Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ AMSA # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex Male or Female  
Phone # (\_\_\_\_) - \_\_\_\_\_ Cell # (\_\_\_\_) - \_\_\_\_\_  
E-Mail or text: \_\_\_\_\_  
Restricted PAL # \_\_\_\_\_ PAL expiry date \_\_\_\_\_  
Alberta Equestrian Membership \_\_\_\_\_  
CMSA # \_\_\_\_\_ Level \_\_\_\_\_

Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ AMSA # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex Male or Female  
PAL# \_\_\_\_\_ PAL expiry date \_\_\_\_\_ AEF Membership \_\_\_\_\_  
CMSA # \_\_\_\_\_ Level \_\_\_\_\_

If you have any questions regarding AMSA memberships, email [admin@albertamountedshooters.ca](mailto:admin@albertamountedshooters.ca)

Mail membership forms to:

Donna Osipow, 54228 Rge. Rd. 154, Yellowhead County, AB T7E 3W1

Payment can be made by cheque – made payable to Alberta Mounted Shooters Association

Or via e-transfer @ Amsashooterentries@gmail.com

**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**.

_____	_____	_____
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Signature of Parent/Guardian

Signature of Witness

Printed Name of Witness