



EASTERN ONTARIO CARRIAGE DRIVING ASSOCIATION
MEMBERSHIP APPLICATION and WAIVER FORM (3 pages)
for January 1 to December 31, 2023

Office Use Only	I	P	W
Membership #:			
Date Received:			
Payment Method:			

Membership Fee: \$30.00 (individual) \$40.00 (family)

RENEWAL:

NEW:

e-transfers can be made to: loubier.eopds@gmail.com

OE/FEQ Membership number (if applicable): **Expiry Date:**

{The EOCDA encourages active members to join the Ontario Equestrian (OE – call toll-free 1-877-441-7112) or the Quebec Equestrian Federation (FEQ – call toll-free 1-866-575-0515). Please provide a photocopy of front and back of card with membership. Both provide liability insurance associated with membership.}

NAME: _____

Name of Spouse(if applicable): _____

Telephone Number: Home: _____ **Cell:** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

I/We would like to receive the EOCDA newsletter by -

Email: or **Mail** (\$10.00 mailing fee):

I (We) are interested in the following aspects of Driving:

- Pleasure Driving []
- Recreational Driving []
- Social Drives []
- Clinics []
- Volunteering at Event []
- Serving on Committee []

I (We) Drive:

- Single Pony []
- Single Horse []
- VSE []
- Donkey []
- Pair Ponies []
- Pair Horses []
- Pair VSEs []
- Other []

Before participating in driving events with horses, proof of current Liability Insurance (photocopy) for \$1,000,000.00 to be forwarded to the Treasurer with your membership application. Include Expiry date of Policy. I (We) agree that, in consideration of acceptance of my membership in the Eastern Ontario Carriage Driving Association and on payment of the membership fee, without qualification to waive any and all claims for legal liability arising out of the operation of this incorporated Association as against the Association and/or its members that may come into existence during the period of my membership in the Association during the Calendar year 20 _____ Further, I (We) agree to be bound by the Bylaws and Rules of the Association.

IMPORTANT – Publicity Agreement: I/We hereby give permission to EOCDA to use my/our Name(s) and/or Photographs(s) in newsletters, articles, media releases, advertisements, brochures or reports they produce. YES NO

Important Privacy Note

EOCDA is a not-for-profit association established to promote the association of people with an interest in pleasure, recreational or combined driving, emphasizing family involvement in meetings and driving activities. With this in mind and the requirements of the Personal Information Protection and Electronic Documents Act (PIPEDA). The Association will not rent, lease or sell the Association’s membership list and will protect your information from unauthorized access or use. We highly value the membership’s privacy. The collection of the membership information is used to administer the membership so that the Association may send newsletters, announcements of carriage driving interest, plan and inform the membership of upcoming driving events or interests and as always to see if members are interested in participating in said events.

Signature (Member): _____ **Date:** _____ 20 _____

Signature(Spouse)(if applicable): _____

For family membership, list drivers (indicate youth drivers age 19 and under with *):

(Have you remembered to fill out and sign the waiver form on page 2)

Have you included the following completed documents:	Cheque payable to EOCDA (if applicable)	
photocopy of proof of insurance or a photocopy of OE or FEQ card (front and back)		
EOCDA membership application and signed	EOCDA Waiver and Release of Liability form and signed	

Mail to: **Regina Loubier 807 French Settlement Road, Kemptville, Ontario K0G 1J0**



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Waiver and Release of Liability

Name: _____

OE/FEQ Membership number: _____
 (if applicable): _____ Expiry Date: _____

Address: _____

**– This document will affect your legal rights and liabilities –
 Please read carefully.**

I acknowledge that the sport of driving is a high risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge and absolve the Eastern Ontario Carriage Driving Association, Organizing Committee, Provincial Associations, Equine Canada and their officials, volunteers, Officers, Directors, agents, representatives and employees and the owners of any of the properties where these functions are held from all responsibility, liability or claims of an nature and kind which I may have arising from my participation in this activity, including but not limited to bodily injury or death to myself, my groom and/or navigator, my horse(s) and damage to property arising from any cause whatever, including the negligence of one or more individuals and organizations referred to herein. I hereby declare that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assign.

Signature of Participant: _____ **Date:** _____ 20 _____

If the driver is under nineteen years, the parent/guardian must also sign below.

I acknowledge as Parent/Guardian of youth drivers (please print names):

that I have read and fully understand and agree to the conditions stated herein.

Signature of Parent/Guardian: _____ **Date:** _____ 20 _____

Have you included the following completed documents:	Cheque payable to EOCDCA (if applicable)	
photocopy of proof of insurance or a photocopy of OE or FEQ card (front and back)		
EOCDCA membership application and signed	EOCDCA Waiver and Release of Liability form and signed	
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PROOF OF INSURANCE

(Insert image of OE Card, FEQ card (front and back), or attach other form of proof of insurance)

Name: _____

Have you included the following completed documents:	<i>Cheque payable to EOCDA (if applicable)</i>	
<i>photocopy of proof of insurance or a photocopy of OE or FEQ card (front and back)</i>		
<i>EOCDA membership application and signed</i>	<i>EOCDA Waiver and Release of Liability form and signed</i>	
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