



**EASTERN ONTARIO PLEASURE DRIVING SOCIETY INC.**  
**MEMBERSHIP APPLICATION and WAIVER FORM (2 pages)**  
**For Year 2018**

**RENEWAL:**  **NEW:**  effective from January 1, 2018 to December 31, 2018

**Membership Fee is: \$30.00 (individual) \$40.00 (family membership)**

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

*(The EOPDS encourages active members to join the Ontario Equestrian Federation (OEF – 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 Numbers: - Residence:** \_\_\_\_\_

**and/or Work:** \_\_\_\_\_ **and/or Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**I/We would like to receive the EOPDS 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 [  ]
- Shows [  ]
- CDEs [  ]
- Volunteering at Event [  ]
- Serving on Committee [  ]

**I (We) Drive:**

- Single Pony [  ]
- Single Horse [  ]
- VSE [  ]
- Pair Ponies [  ]
- Pair Horses [  ]
- Pair VSEs [  ]
- Multiples [  ]
- 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 Pleasure Driving Society 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 Society as against the Society and/or its members that may come into existence during the period of my membership in the Society during the Calendar year 20 \_\_\_\_\_ Further, I (We) agree to be bound by the Bylaws and Rules of the Society.*

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

I/We allow EOPDS to release my/our Name / Address / Telephone Number for contact purposes only with other EOPDS members YES  NO

I/We allow EOPDS to release my/our Email Address for contact purposes only with other EOPDS members YES  NO

**Signature (Member):** \_\_\_\_\_ **Date:** \_\_\_\_\_ 20 \_\_\_\_\_

**Signature(Spouse)(if applicable):** \_\_\_\_\_

For family membership, list drivers (indicate youth drivers age 21 and under with \*):

\_\_\_\_\_  
 \_\_\_\_\_

Please mail the following completed documents: **EOPDS membership application, Waiver and Release of Liability form, photocopy of proof of insurance** or a **photocopy of EOF or FEQ card (front and back)** if an active member, and **cheque** payable to **EOPDS** to: **Barry Beach, EOPDS Treasurer, 1894 March Road, Kanata, Ontario K2W 0G4**  
*(Have you remembered to fill out the waiver form)*



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**Waiver and Release of Liability**

**Name:** \_\_\_\_\_

**OEF/FEQ Membership number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_  
*(if applicable):*

**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 Pleasure Driving Society, 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 eighteen years, the parent/guardian must also sign below.*

*I acknowledge as Parent/Guardian of youth drivers:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **20** \_\_\_\_\_