

2024 MEMBERSHIP PACKAGE
HCBC is mandatory for all members.

NAME: _____ HCBC#: _____ PHONE: _____

ADDRESS: _____ CITY: _____

EMAIL: _____ POSTAL CODE: _____

Please circle your desired membership type from the below options. All rates include tax. Memberships are all ages, families are considered two or more members at one residence.

Individual Early Bird (before March 31st)	\$30	Family Early Bird (before March 31st)	\$40
Individual	\$40	Family	\$50

Please print and sign the membership form, your payment along with ALL waivers enclosed (please ensure your waivers are witnessed) and deliver to the board of directors email or mail to: **sunshinecoastequestrianclub@gmail.com** or by mail to **Sunshine Coast Equestrian Club, PO Box 1955, Sechelt, BC V0N 3A0**

Cheques can be made out to Sunshine Coast Equestrian Club.
Email transfers can be sent to sunshinecoastequestrianclub@gmail.com

If this is a family membership, please provide the names and HCBC# for all members. Date of birth is required for any members 18 and under. Please be sure to sign waivers for each individual in your family when completing your membership package.

Name	HCBC#	DOB (18 and under)

MEMBERSHIP CHECKLIST:

- Fully completed 2 page membership form (page 1 & 2)
- Signed & witnessed protection of privacy waiver form (page 3) for ALL members
- Signed & witnessed liability waiver form (page 4 and/or 5) for ALL members
- Signed & witnessed facility use waiver (page 6) form for ALL members
- Membership fee payment

If you are over 18 and wish to participate in Western events without a helmet, the safety equipment release form (page 7) is also required.

Valid HCBC and completed waiver forms are MANDATORY for all members.

2024 VOLUNTEERING

The Sunshine Coast Equestrian Club depends on its volunteers to enable us to host activities and deliver on our mission of bringing the coastal horse community together. It is each member's responsibility to complete 10 hours of volunteer time annually, or forfeit eligibility for year-end awards.

Members are responsible to arrange their own volunteer hour completion. To enable us to better organize our volunteers, please fill out the areas in which you would be willing to volunteer using the form below.

Grounds Maintenance	Shows & Event Support	General / Administrative
<input type="checkbox"/> Clean-up / junk removal <input type="checkbox"/> Landscaping <input type="checkbox"/> Carpentry / maintenance <input type="checkbox"/> Painting / cleaning <input type="checkbox"/> Signage	<input type="checkbox"/> Arena maintenance (dragging, raking, watering) <input type="checkbox"/> Equipment setup <input type="checkbox"/> Concession setup <input type="checkbox"/> Concession shopping <input type="checkbox"/> Concession cooking <input type="checkbox"/> Concession cashier <input type="checkbox"/> Handling entries / waivers <input type="checkbox"/> Whipper in <input type="checkbox"/> Announcer <input type="checkbox"/> Scorekeeper / timer <input type="checkbox"/> Ring steward <input type="checkbox"/> Parking coordinator	<input type="checkbox"/> Volunteer coordination <input type="checkbox"/> Fundraising <input type="checkbox"/> Social media & website <input type="checkbox"/> Event coordination (planning, rentals, vendor coordination) <input type="checkbox"/> Advertising & communications

**SUNSHINE COAST EQUESTRIAN CLUB (SCEC)
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY WAIVER**

In accordance with the FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (RSBC 1996) CHAPTER 165 (FIPPA) and the PERSONAL INFORMATION PROTECTION ACT – BILL 38 -- 2003 (PIPA):

I _____ hereby **give/do not give** (please circle one) consent to the Sunshine Coast Equestrian Club to publish my name, business name (phone number, address, website, email), and photos of myself and my horse on/in the Sunshine Coast Equestrian Club's Facebook Page, website, email, or other promotional avenues as required in the normal course of business activities of the Sunshine Coast Equestrian Club.

Signed: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name: _____

Name Parent/Legal Guardian if participant 18 years or under: _____

Signature of Parent/Legal Guardian if participant is 18 years or under: _____

Office of the information & Privacy Commissioner for B.C.

The Office of the Information and Privacy Commissioner (OIPC) is independent from government and monitors and enforces British Columbia's Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Information Protection Act (PIPA). FIPPA allows access to information held by public bodies such as government, hospitals, universities etc. and determines how public bodies may collect, use and disclose personal information. PIPA sets out how private organizations such as businesses, associations, charities etc. may collect, use and disclose personal information. Website is located at <http://www.oipc.org/> the website displays "Legislation" on the right hand side. Click on "Legislation" and the electronic printable version of both Acts are available

SUNSHINE COAST EQUESTRIAN CLUB
the “**Organization**”

Facility Use Waiver

WAIVER OF LIABILITY FOR ALL CLAIMS AND RELEASE OF LIABILITY
PLEASE READ CAREFULLY BEFORE SIGNING.

Completed waivers must be returned prior to entry and use of the Organization’s facilities. This waiver does not affect accident and out-of-country travel insurance provided by the Organization where applicable.

By signing below, the Participant (named below) and/or the Participant’s Guardian understands and acknowledges, the risks, dangers, and hazards which are inherent on entering all lands, properties, facilities, structures, installations, vehicles or equipment owned, leased, operated or otherwise controlled by the Organization (the “**Premises**”), which risks include, but are not limited to: the potential for bodily injury or illness (including contraction of COVID-19); contact or interaction with others who may have been exposed to COVID-19; close proximity to or contact with surfaces, equipment, fixtures, or other objects that, despite the Organization’s efforts, may be infected with COVID-19 or other communicable illnesses; permanent disability, paralysis, or loss of life; collision with natural or manmade objects; tripping hazards; imperfect venue or field of play conditions; equipment failure; participants of varying skill levels; the negligent use of the Premises by others; inadequate safety measures or unsafe Premises; other circumstances known, unknown or beyond the control of the Organizer, its partners, sponsors, agents, affiliates, directors, employees, officers, therapists, or volunteers (together, the “**Releasees**”); or negligence or omission of the Releasees (collectively, the “**Risks**”).

In consideration for allowing the Participant to use the Premises, the Participant and/or the Participant’s Guardian:
(a) release, discharge and forever hold harmless the Releasees from any and all liability for damages or loss arising as a result of the Risks arising from entry into or use of the Premises;
(b) waive any right to sue the Releasees in respect of all causes of action (including for injuries or illness caused by their own negligence), claims, damages or losses of any kind that may arise as a result of the Risks or in connection with entry into or use of the Premises, including without limitation the right to make a third party claim or claim over against the Releasees arising from the same; and (c) freely assumes all risks associated with the Risks or anything incidental to the Risks, which may arise as a result of or in connection with use of the Premises.
YOU ARE GIVING UP LEGAL RIGHTS TO ANY AND ALL FUTURE CLAIMS AGAINST THE ORGANIZATION AND RELEASEES.

I confirm that I have read and fully understand this waiver and release of liability. I sign this waiver and release of liability voluntarily without any inducement, assurance, or warranty being made to me.

Print Name: _____ **Date of Birth:** _____
the “**Participant**” (mm/dd/yyyy)

Print Name: _____
the “**Guardian**” (if Participant is a minor)

Signature: _____ **Date:** _____
Participant or Guardian for minor (mm/dd/yyyy)

Safety Equipment (Helmet use Western)
Acknowledgment and Release Form – Participant 18 or Older
Please Print Clearly

Participants Name: _____ Date of Birth _____

No person riding without a helmet designed for equine activities will be allowed to participate in equine activities prior to reading and signing this form.

To the Sunshine Coast Equestrian Club, their directors, employees, officers, volunteers, business operators, and site property owners, (all of them collectively referred to as the “Host”)

Initial each item below after reading and Understanding the item.

___ 1) I understand the risks inherent in equine activities as evidenced by the separately signed Acknowledgement of Risk and Release Liability form on file with the host.

___ 2) I understand wearing proper safety equipment may reduce injury even though no amount of preplanning can remove all the dangers, hazards and risks of equine activities.

___ 3) I have freely decided to ride without wearing a helmet designed for equine activities which might prevent permanent brain damage in the event of an accident.

___ 4) I have refused Critical Safety Equipment for equine activities against the advice of the host.

___ 5) I fully assume all additional dangers, hazards and risks to which my decision to ride without a helmet might expose me.

___ 6) I understand that signing this form waives certain legal rights I might have against the Host.

Before signing this form I read it (as indicated by my initials above) and I state that I understand it. I further state I am aware that signing this form waives certain legal rights I the participant and/or my Legal Representatives might have against the Host.

Signed this _____ day of _____, 20 _____

Signature of Participant _____

Witness Name to Signing and Initialing _____

Signature of Witness _____