

Saskatchewan Cowboy Mounted Shooting Association

Release and Waiver

In consideration of being allowed to participate in Saskatchewan Cowboy Mounted Shooting Association (SCMSA) sanctioned events, I hereby **RELEASE, WAIVE, DISCHARGE**, and agree to **HOLD HARMLESS** the Saskatchewan Cowboy Mounted Shooting Association (SCMSA), its officers, directors, employees, committee members, sponsors, arena operators, arena owners and their agents and representatives of and from all liability for all claims and liability for any and all loss or damage of whatsoever nature, including any claim or damage in regard to any injury to my person, including my death or damage to my property. This waiver is intended to be in effect if I am utilizing Saskatchewan Cowboy Mounted Shooting Association facilities or participating in Saskatchewan Cowboy Mounted Shooting Association event(s). I intend this Waiver and Release to be binding upon my assigns, successors and my person representative and next of kin.

I hereby represent and warrant to the Saskatchewan Cowboy Mounted Shooting Association that I understand that **THERE ARE CERTAIN RISKS OF SERIOUS INJURY OR DEATH** inherent in participating in mounted shooting events and related activities. I realize, conditions of the arena change from time to time and may become more hazardous, and there is **INHERENT DANGER** in mounted shooting which I appreciate and voluntarily assume the risk of because I choose to participate in there dangerous events. I make this choice even though I have observed or participated in events of this kind in the past and I know conditions, facilities, horses and other contestants pose a danger to me. I recognize and expressly agree to assume the entire risk of any and all accidents or personal injury including serious paralysis or death, which I might suffer during my participation or involvement in said events.

I further **COVENANT AND AGREE NOT TO SUE THE** Saskatchewan Cowboy Mounted Shooting Association or its directors, officers, employees/volunteers or agents for any injury, any claim or damages which occur as a result of my participation in said events and any claim or damage therefore I understand that this document shall be treated as a complete defence to any legal action brought by me or on my behalf. I understand and agree that this **RELEASE AND AGREEMENT NOT TO SUE** extends to any or all claims I may have including but not limited to any claims arising out of my participation in said events, claims with respect to the design, maintenance, instructions, rules, or procedures under which my use of said facilities or equipment are conducted or from any other cause. It is my intention to make this release and waiver comprehensive.

I UNDERSTAND AND AGREE THE RELEASE AND AGREEMENT NOT TO SUE, extends to **ACCIDENT, INJURY, OR DEATH OCCURRING DURING THE TERM OF MY MEMBERSHIP IN THE** Saskatchewan Cowboy Mounted Shooting Association. Any subsequent releases and agreements I might sign in the future shall amplify, but shall in no way limit the provisions of this document.

I further state and certify that I have carefully read the foregoing Waiver and Release, know the contents thereof and sign this Waiver and Release Agreement Not To Sue as a free and voluntary act. I am not relying on any statements of representations of any party released hereby.

I UNDERSTAND THIS IS A RELEASE OF ALL CLAIMS.

I understand that my email address will be shared among SCMSA members unless I notify the SCMSA secretary in writing that I do not wish to share this method of contact with the general membership.

Dated this _____ day of _____ 20_____

Signed: _____

MEMBERSHIP FEES: \$75.00

NAME (Please print): _____

ADDRESS: _____

CITY _____ PROV: _____ PC: _____

PHONE: _____ CELL: _____

Date of Birth: _____

☐ NEW ☐ RENEWAL SCMSA # _____

I have a current PAL card: ☐ YES ☐ NO

Email: _____

My individual SHF # _____ (required prior to issuing membership card)

MEMBERSHIP FEE PAYMENT OPTIONS:

1. CHEQUES (no money orders): make cheques payable to SCMSA and mail to:
Katie Guskjolen, Box 365, Coronach, SK, S0H 0Z0.

2. E-TRANSFER to: scmsabod@gmail.com Security question if required: What
colour is the sky? Answer: Blue

3. TEXT TO: (306) 535-0094

Security question if required: What club do I belong to? Answer: SCMSA

If you have a range approved by the SCMSA: ☐ No Changes ☐ Remove Approval

Have you raised more than \$500 in sponsorship money? ☐ Yes ☐ No

How much sponsorship money have you raised? _____

Who were the sponsors? _____

Please allow two weeks for processing. Membership will be valid until the end of December.

For office use: PR ☐ SHF ☐ MSN ☐ MS LIST ☐ EMAIL LIST ☐ MS CARD ☐